n -	19939		1.	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE O O	2 6 /	08		
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	ok ATTEN e hospital DIRECTOR oched for u Dept. of He	2	10	saw the deceased aliv obove, (I) (we) (did) (d	e an	after death	8 (an	d that in (my) (aur) apinia	n death accurred an the date and	hour and fram the	couses stated		
	OR ATT ne hospine DIRECTO oched fo Dept. of	#e-		22h SIGNATURE	57	11.1		DEGREE		22c DATE	SIGNED		
	TAL C y the y the RAL D detoc	H		16	I POLL	w	1	ATTENDING PHYSICIAN	MEDICAL STAFF	9/29	/86		
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	DHMH - 16 60M	7/84	24 FU	INERAL DIRECTOR					ATE REC'D. BY REGISTRAR 25h. REC	SISTRAR'S SIGNAT	LIRE J. mo.		
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(VRA 15, 4)

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ge 4 may b gran, page gran, page	3 SE	x Female	1 RACE Caucasian	MON	OF BIRTH ITH DAY YEAR 13. 1910	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
oop oo	Ne	RTHPLACE (STATE OR FOREIGN COUNTRY) W Hampshire	76. CITIZEN OF WHAT C	MARR		PRINCE GEO	RGE'S	COUNTY	MD.
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ithin 24 hou	Ma Ma	THER'S NAME	JNTY 13c CIT	Y OR TOWN Wie	13d. INSIDE CITY LIMITS? YES NO 1				
w bana	160 V	M. NO	rcross St	ratton CIAL SECURITY NO	Helen 17. INFORMANT	Elizal ADDRE	beth	Hic	ckev
be exec			THE WAR OR CATEGO	-70-4451	Rosemary S.	Vincent Box	004 Por	1 201	
on other core		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for SED BY: ATE CAUSE (o)	diogenic SI	ruck.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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that the d b lle leas inl, are one of		couse (o), stating the underlying couse lost			244				
requires on signe. Then pli injury, o	NO	Acute Rem	FAILLAP.	JTING TO DEATH BI	IT NOT RELATED TO THE TER/	winal disease or cont	DITION GIVEN	IN PART 110	
he low rion. hos bee t permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERAT	on was performed	200 AUTOPSY? YES NO X		WERE FINDIN NG CAUSES	
4YSICIAN: The ding physician is certificate burial-transit Remotel Hygier or them 18 signs from the first from		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIR	Y ONTH DAY YEA 19	R	RRED (ENTER NATURE OF INJUR	Y IN ITEM IS PAR	TIORPART 2)	
ING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NN . J?	COUNTY	STATE
TEND of the of t		22s.1 certify that emithis has sow the deceased alive of share of (we) (did) (didn	01/1/1/	10	ond that in (my) (our) opinion	death occurred on the do	te and hour o		that (1) (vo) lost couses stated
TAL OK ATT y the hospit AL DIRECTO detached fo tote Dept. of		726 SIGNATURE	1 5			MEDICAL STAF		220. BAJE	SIGNED ()
HOSPI Bined b FUNE bould be th the Si		Richard Hil	WILdlind		P.G. Candidley	4			
D 2 0 5 3 3		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		1000	cemetery or Crematory	23d LOCATION CITY OF TOWN TY Clinton.	Pr. Ge	county	State Maryle
DHMH - 16 60M 7/84 (VRA 15, 4)		eall Funeral Ho	thanks 160	DOO Annapo	olis Road 250 DA 20715-3043 SE	TE REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATU	JRE

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STATE OF MARYLAND

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	ELAY IS NECESSARY, PLEASE O THE FUNERAL DIRECTOR PAGE 5 FOR YOUR FILES. FRILED. WITHIN 72 HOURS S, 20 W. PRESTON STREET,		REIGN COUNTRY)	n D C	11	S.A.					DIVORCI		Prin	ce Ge	eorge	's Cou	inty
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21201	ANY DELA AND 3 TO RETAIN PA RECORDS.	13a. S	TATE	13b CO	UNTY		13c. CITY	OR TOWN		13d. INSIDE CI		13e STREET	ADDRES	S	#22		
.2			ryland	P. G.			Temple Hills			YES X NO 3905 23rd Pkwy.					Ŋ.	20748	
N OX	EEATH. IF AN SET AND SET AND SET OF THE SET	14 F/	THER'S NAM	E	MIDDLE			LAST		15. MOTHE	R'S MAIDE	NAME	MIC	DOLE		LAST	
SE.	DEATH.		uglass		layto		Keys			Marg				н.		Taylo	or
N N	PAR DE STAN	16a. \	VAS DECEASE ES, NO. OR UNKNO	DEVER IN U.S.	ARMED FO		16b. SOC	IAL SECURIT	Y NO.	17. INFORM	TMAN			ADDRES	SS		
BALTIMORE, MD.	S AFTER DE GIVE PAGE VITH FORM PAGES 1 A VIVISION OF		No	N/			217-6	60-856	4	Doug	lass	C. Ke	ys	Same	as :	13 A-E	
	E - 3 - 0		18. CAUSE C	F DEATH (Enter	anly one co	ause per line	far (a), (b),	, and (c).)								APPROX	NIMATE INTERVAL
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0	D BE EXE ENDING MEDICAL AS A BU EALTH AN CREMAT	z						10 10 111 164	MINAL GISERS			AT T IU	1				
DIVISION OF VITAL RECORDS, 201 W.	OUD BE EXECUTED WITH "PENDING" IN PENCI. FE MEDICAL EXAMINE SED AS BURIAL-TRA FHALTH AND MENTAI AL, CREMATION, OR R	CERTIFICATION	19a DATE OF	OPERATION		19h CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTO	DECKS.	
₹	SEE SEE	15			73												
>	HIS CRYTIFICATE SHOULD WRITING THE WORD "PEI ARDED TO THE CHIEF M ARDED TO THE CHIEF M ARE SHOULD BE USED A TIE DEPARTMENT OF HEAD TO PRIOR TO BURIAN, OF HEAD TO PRIOR TO BURIAN, OF THE MANUAL TO SHOW TO BURIAN, OF THE M	E .	210 EXTERN	AL CAUSE WAS		21h TIME O	FINITIPY		21, H	OW INJURY	OCCUPPE	D A SNITER NAT	THE OF MILL	BY INTERNATION	0.0487.1.000.0	YES 2	NO []
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	NO TOTAL		death result	red fram: N	atural cause	es 🔲	Accident	☐ Su	ricide X	, Hamic	ide .	Undetern	nined man	ner 🗍		THE NA	
	ERTINE PARY			À10	1 00 %	M	11	10		TITLE (SI							
	# 0.20°. ₹		ACTUAL SIGNATURE	INC	who	5 In	10 1/08	W.	A.			MEDICA	A1 EV A A41	NED	DATE	9-10-8	86
	SE RESE	1															
	MEDIC CUTE TI SE 4 SF FUNER FUNER TIMOR		EXAMINER'S (TYPE OR PRI	NAME NT)	Marg	arita	A. Ko	orell,	M.D.	ADDRESS		111 P	enn S	Stree	et		
	TO MEDICAL EXAMINER: I EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TION, REMOVA				IAME OF CE			ORY	23d. LOCA	ATION				
07 : 8		(3	emation			1/86		e Cren				CITY OR 1	TOWN	Princ		orge's	STATE MD.
25M	J		UNERAL DIREC				lome,				250. DATE R					SIGNATURE	
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0-17227		STATE REGISTRAR		ICATE OF DEATH	RÉG. NO.		
11221		CEASED NAME FIRST		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
and a part		MALA		AYAR	09-01	-86	5:56 A
	1. SE	X	RACE 5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
1 11	7	FEMALE	IRANIAN JA	N. 1 1910	86 YRS.		
1 11/2/	9. B	IRTHPLACE (STATE OR FOREIGN 76		D NEVER MARRIED DIORCED	PRINCE GEORG		אראי
110/	TR.C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		BUSINESSOR
100 1	75	LIN 70N	SOUTHERN MARYL	AND MOSPITAL	- HOUSE WIFE	OUN	HOME
135	13a.	TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ET. WAS H.	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	War T	744 D.
(b) 10/V	M. FA	ATHER'S NAME	DOLE LAST	15 MOTHER'S MAIDEN NAM	NE .	770937	Not NO
V / 000	/_	KHODAYAR	KHOCHVAR	NOSRI	AT MIDDLE 6 H	ASAG	2/
100RE		YES, NO OR UNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		44
M		NO -	213094824	TARIVASA	MOSTAAN	SAN	1E#13
ST., BA		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (one cause per lips for (a), (b), and (c),) BY: CAUSE (a)	no of T	In lung.	BETWEEN	NATE INTERVAL NSET AND DEATH
O the state of the			DUE TO, OR AS A CONSEQUENCE OF	-0			
REST officer		Conditions, if ony, which gave rise to immediate	(b)		0		
N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
201 pled th			NDITIONS CONTRIBUTING TO DEATH BUT	NOT DOLLATED TO THE TERM			
RDS.	NO	PART 2. OTTER SIGNIFICANT CO	NUMBER OF STREET AND THE BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 110	
T to the second	CERTIFICATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	INCERTIF	, WERE FINDING YING CAUSES (OF DEATH?
# 59 1119 TO	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OCCUPRI	YES NO YE	S	NO []
A STATE OF S	AL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	THE WORLD COOKING	LEWIER WATORE OF MOURT IN HEW IR P	ART (OR PART 2)	
NO HAND A	MEDIC	21d INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY	211. LOCATION			
DIVISION Offer this cost the burner of the one of t	×	NOT WHILE AT WORK	AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
NO IN THE PERSON OF THE PERSON		220.1 certify that (1) (this hospital		18 19 7 6	_ to _ 9/1		eat (I) (we) last
A STORY OF THE PROPERTY OF THE		saw the deceased alive an abave, (I) (we) (did) (did nat) v	iew the body ofter death.	d that in (my) (our) opinion d	eath occurred an the date and hour	and from the co	ouses stated
20 4 の 20 章		22b. SIGNISTURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATES	IGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		224. PHYSICIAN'S NAME (TYPE OR PE	e-mo	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	9//	146
HOSPITA borned by: 7 FUNERA bould be de- fit the Stoth		REZA N	208TRAN	97-34	I a gre	nd.	795 W
5	23a B	URIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d LOCATION		
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DHMH - 16 60M 7/B4	24 FL	INERAL DIRECT	- He We ADDRESS	250 DATE	REC'D BY REGISTRAR 256, REGIST	RAPSSIGNATU	RE
(VRA 15, 4)	De	-VOL FUNERY	41 HomiE WA:	SH.D.E	June D	Caralle Ser Kine	

DEW LEVISION THAT HARDY LEVEL LANDS

00-10702	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARTLAND LEALTH AND MENTAL H LICATE OF DEATH	YGIENE S O	2 5 /				
death 2 1 0 2		CEASED NAME FIRST RUTH	MIDDLE D.	KING	AST	20. DATE OF DEATH	09 25 86	26 HOUR 9 30PM			
ge 4 moy b ector. page irs ofter deal	3. SE	× CMALE	4. RACE Black	5. DATE O		6. AGE (IN YEARS LAST BI	MONTHS DAY				
deoth. Po	Ne	IRTHPLACE (STATE OR FOREIGN COUNTRY) W JERSEY	7b. CITIZEN OF WHAT COUNTRY?	WIDOWE		PRINCE G	PRINCE GEORGE'S COUNTY				
by the filed with	0	TY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	ADDE SENE	ERAL HOSPITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Supervisor	OF WORKING LIFE) INDUSTR	of BUSINESS OR ern Electri			
LAND 212	13a	AL RESIDENCE (IF NURSING HOME OR STATE 38 COUP N.J.	NTY Newark		13d. Inside City Limits? Yes 🔼 NO 🗌		/ZIP CODE 11th Street	99999			
BALTIMORE, MARYLAND sole be executed within 24 ysicion and completely filler ppers. Pages 1 and 2 should vol.		FIRST Lonnie WAS DECEASED EVER IN U.S. AR	Frazier MED FORCES? 166 SOCIAL SECU	BITMALO	15. MOTHER'S MAIDEN 1 FRST 17. INFORMANT		Inn				
TTIMORE tion ond sirs. Poges infe medico		VES NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 155-14-3	963	Everna D. E		Washingto				
W. PRESTON ST., or the death certific y the ottending ph te remove corbon pr cremation, or remo ther troumatic even				NCE OF	SPIRATORY HEMMORHAGE EPATIC CIPY	ARREST MAN SERILA OF MAN LANDSIS		DXIMATÉ INTERVAL N ONSET AND DEATH			
or signed or to buriers or to burier or injury, o	TION		CONDITIONS <u>CONTRIBUTING TO </u>								
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO		20a AUTOPSY? YES NO	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	NO [
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physicion. After this certificate has been signed b os the buriol-stronsis permit. Then pleas the ond Mental Hygiene prior to buriol, orked or them 18 shows ony injury, or o orked or them 18 shows ony injury, or o	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED		19	211 LOCATION STREET	URRED (ENTER NATURE OF INJU	STATE				
OR ATTENDING e hospital or ot DIRECTOR: After tabled for use as a Dept. of Health o		220.1 certify that (1) (this hospi	tol) ottended the deceased from		nd that in (my) (our) aprinic	on death occurred on the d	22c DA	that (I) (we) last the causes stated to the SIGNED			
TO HOSPITAL retoined by the TO FUNERAL should be determined by with the Stote wit	200	220. PHYSICIAN'S NAME (TYPE OF SURESH) C G	UPTA		224. ADDRESS 350 MT.	DIRECTOR PHYSICAL PRINCE PHYSICAL PHYSI	CIAN P 9-	27-86			
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Contact number Edge _____Downey Mar 2015-3045 Fill By Sign Front Land

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) 11113		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 76	HOUR	
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Mod & O	3. SE	X	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY		UNDER 24 HRS	
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neral dir	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY), HUNGARY	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO			
s ofter d	3	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE DECTILS HO	ING HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 12b. KIND OF BU		
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quires that the deat signed by the atten hen please remove. to buriol, cremotion, jury, or ather traum	No		DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	TENSIVE CARDIO	MINAL DISEASE OR CONDITIO			
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IYSICIAN: TI ding physicic is certificate burial-fransit Mental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)		
DING PHYS or offer this c e os the bur alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
RECTOR Al		saw the deceased alive ar above, (I) (we) (did) (did no	ital) attended the deceased from 19 19 19) view the bady after death.	Acceptage 18, 19 86, and that in (my) (our) apinion	death accurred on the date of	and hour and from the caus	100	
The Day		726 SIGNATURE ZAKZ 724 PHYSICIAN'S NAME LIVE	_ m0	DEGREE ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. Date SIG	186	
TO HOSPITAL TO FUNERAL should be det with the Stote	00	YEAR-KNOW		5506 Kenil	Worth Dec.	CIUCEDACE	2073 MD	
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ALTIMO	AFTER DANE PARENT HORN AGES I		AS DECEASED	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES)		7-68-9		Ethel M	Coakle	39 Y Te			ley Rd
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DIVISIO	E, WRITING E, WRITING RWARDED I PAGE 3 SH STATE DEPA 7, 21201 PRICE	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE C		CE OF INJU FACTORY, FAR	JRY AT HOME, RM, ETC.)		CATION STREET	CITY OF	TOWN	C	OUNTY	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STAILINORE, MARYLAND, 2		22a. I certii death resulta ACTUAL SIGNATURE. EXAMINER'S (TYPE OR PRII	Mame Ch	rales P.	Acorde	u My) M	TITLE (SPECIFY)	Undetermined	Monner	DATE SIGN	NED 9-2	23-86
	BA10 PK10	23a. Bl	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY									IINTY	STATE	
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-18205	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2 6 / 2	2 0
10233	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HO	UR3C
poge 3	Jean	Haynes	Kurtz	September 14, 1986 6	PAM
ector. po	Female	Caucasian	5. DATE OF BIRTH	63 16 13 YRS MONTHS DATE HOURS	ER 24 HRS
deoin. Po	To BIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges	MD
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n 24 hou	Maryland Pri	NE OR OTHER INSTITUTION GIVE RESIDENCE INCOME. THE COUNTY OR GLONG GLONG	Dale 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6000 Glenn Dale Road 207	769
bed within	M FATHER'S NAME	e L /t	AUNCS JULY	MIDDLE /+1 CKS	
De execu	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 166 SOCIAL S. GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT H. J.	omes Kurtzoress	1
juires that the death certifications by the attending phy nen please remave corban poor burial, cremation, ar remay jury, or other traumatic event	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DIATE CAUSE (0) DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c)	EOUENCE OF	tenal Sclenosis MINAL DISEASE OR CONDITION GIVEN IN PART 1:0	noi
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by the high operations of the property of the	274 PHYSICIAN'S NAME O	Laguson	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	126
TO HOSPITAL FIGURE BY 11 Should be det with the Store MPORTANT:	MAF	enguson 1	45 HZOIK	andophed Rockwith M	111
	230 BURIAL, CREMATION, REMO		23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR REG. NO 20. DATE KNOWN 50 DIRECTOR SOUR FILES OF (TYPE OR PRINT) ESTI-PIFASC DEATH MATED 9 20 86 **LAMBERT** CHRISTANTHIA D. 19 STREET 3. SEX 4 RACE AGE (IN YEARS IF UNDER 24 HRS 2r. DATE 2d HOUR FUNERAL DIRECTOR FOR THE PROPERTY OF THE PROPE APR. 2.1971 PRONOUNCED 6: B7 FEMALE **BLACK** 19 86 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDXX VIRGINIA USA WIDOWED -DIVORCED Prince George's County 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 40 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOSTUDENT G LIFE) Andrews Air Force Base Hospital OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d. HEIDE CITY LIMITS? 13. 21531 APENN. AVE. 3AFEXANDRIA VIRGINIA NONE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AARDOLE PRUITT DORIS GEORGE C. LAMBERT 17 INFORMANT 253 TENN. AVE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 225-35-5282 GEORGE C. LAMBERT NO ALEXANDRIA, VA. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) JAL-TRANSIT PERMIT. O MENTAL HYGIENE, D ON, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Electrocution IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINEN.

EXECUTE THE CERTIFICATE. WINTING THE WORD PRINCIPLE EXAMINED BE ORWARDED TO THE CHIEF MEDICAL EXAMINED AS A SHOULD BE USED AS A BURIAL-TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-AFTER DEATH, WINTH THE STATE DEPARTMENT OF HEATTH AND ME BALTHMORE, MARYTAND, 21201 PRIOR TO BURIAL, CREMATION, lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Body Onl 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KIN MONTH DAY YEAR UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH 4: 14P.M. 9-20-1086 Subject came in contact with high tension wire 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) field 6100 blk. N. Hillman Circle, Suitland, MD Prince George's X The I certify that J took charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry Vicide Undetermined manner TITLE (SPECIFY) 9-21-86 Assistant MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn St., Balto., MD 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL SEPT.25,86 ARLINGTON NAT. CEMETERY FT. MYER. VIRGINIA 250" DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24 FUNERALDIRECTOR GREENE FUNERAL HOME, INCL. ADDRESS 4 FRANKLIN STREET 000 DHMH - 17 (VR A15 ME (5))

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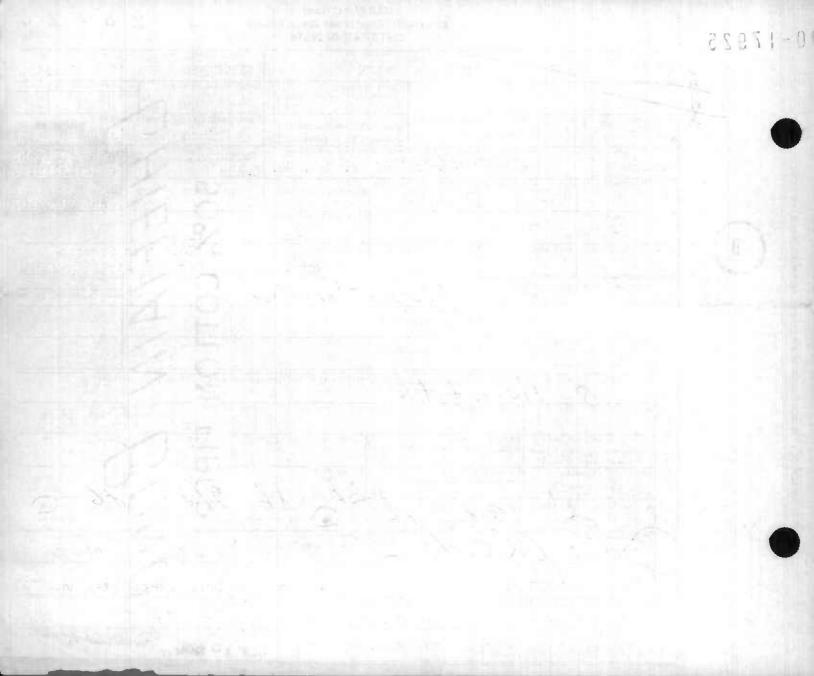
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GE C. LAMBERT ALE.

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	IV IS NECESSARY, PIEASE THE FUNERAL DIRECTOR. AGE 5 FOR YOUR FILES. FILE WITHIN 72 HOURS FILE WITHIN 72 HOURS	1	Maryland	US	A	\ \	VIDOWED X			rince	George	's	MD
	15 H H H	10 CI	TY OR TOWN OF DEATH	II NAME OF HOS	PITAL, NUR	SING HOME, C	OR OTHER INS	TITUTION		CUPATION (T	YPE OF WORK 12	L KIND OF B	JSINESS
	300		Cheverly	FINCE	Geng	es Jen	eral /	topila	FOR MOST OF	WORKING LIFE)		Home	RY
=		USUA 13a/S		OR OTHER INSTITUTION, GIV					1. 105 1	orth L	i hert.v	Street	
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MD.	H. 7.3.	14. FA	ATHER'S NAME	WIDDE		trevill	e 15. MC	OTHER'S MAIDE	N NAME	MIDDLE	11000	LAST	1617
	PWATH SES 1, A PWA			rightson		ler, Jr		Mary				Ford	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN LIVE OF PRINTS ESTI-DEATH MATED DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. 2c DATE LAST BIRTHDAY) PRONOUNCED DEAD MARRIED NEVER MARRIED FOREIGN COUNTRY! South Carolina USA WIDOWED [DIVORCED X Prince George's NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Cheverly Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER HETITUTION GAVE RESIDENCE AND ADMISSION 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Maryland Palmer Park YESX NO [] 7627 Muncy Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mac McCullough Mamie Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 577 30 6631 Mary Handy-niece-1305 Emerson Street no 18 CAUSE OF DEATH (Enter only one cause per ling for (al. (b), and (c).) N.W. Washington D.C. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSTQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO I 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes Accident Suicide Hamicide ___ Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME Wugusto P 5009 Rayburn Ct , Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Sept. 13,1986 Harmony Memorial Park Landover, Maryland Burial 07/84 25M DHMH - 17 Funeral Home-4001 Benning Road, CE (VR A15 ME (5)) Stewart

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	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	6/25
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ITAL OR the hoy the hor RAL DIRE to detoche that If her		Marriel	C. Quennam DEGRAE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9-21-86
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	STATE OF MARYLAND	- 8
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nay be page 3	Wanda T. LICHTENBERGER September 28, 1986 10:3	30 AN
m Her b	3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	4 HRS
de 4	Female Caucasian December 1, 1930 55	MIN
and a stand	70 BIRTHPLACE ISTATE OR FOREIGN 70. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
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	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	ATE
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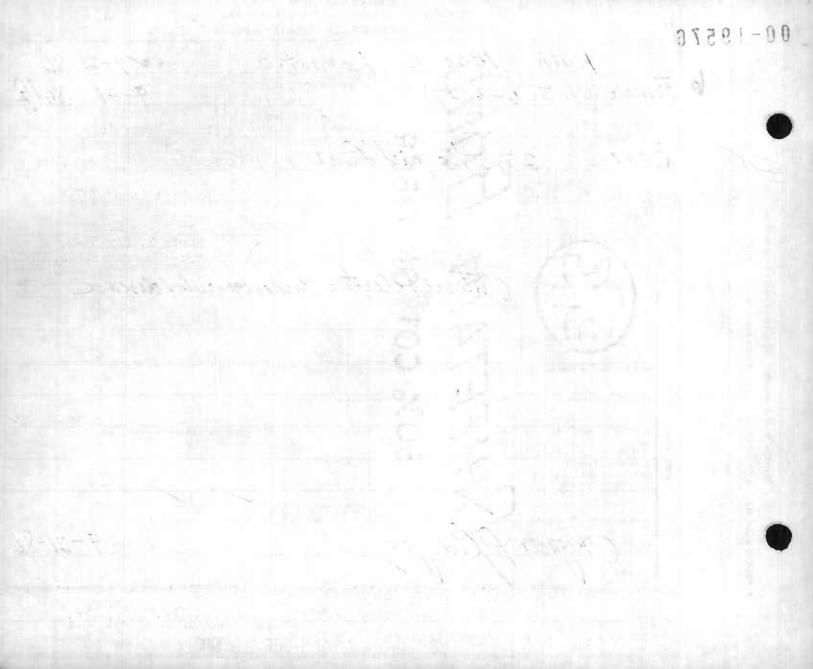
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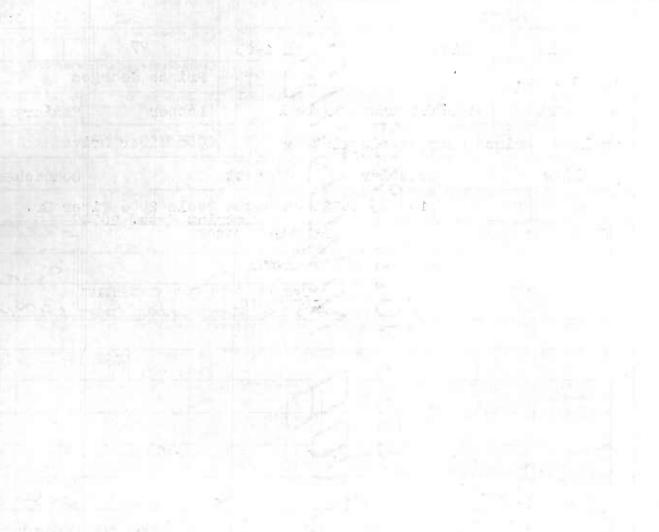
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME (TYPE OR PRINT) 3 SEX 6 AGE (IN YEARS LAST BIRTHOAY) WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 126 KIND OF BUSINESS OR History Professor Howard Univ. Washington, DC 654 Girard St. N.W. NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST Ella Whitfield Isaiah Lofton ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. THE YES GIVE WAR OR DATEST Marie Lofton, 654 Girard St. N. W., Washington, DC 578-44-6758 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY: Bladder Carcinoma YO DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g PART 2 OTHER SIGNIFICANT Jyndrone 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 266. IF YES, WERE FINDINGS USED 200 AUTOPSY? N CERTIFYING CAUSES OF DEATH? NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21 LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET CITY OF TOWN STATE 22a.1 certify that (1) Ithis hospital) attended the deceased from (our) apinian death accurred an the date and hour and fram the causes stated DEGREE 226 SIGNATURE 22¢ DATE SIGNED COURTIN ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE Sept. 16, 1986 J. Wm. Lee's Sons Co. Washington, Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS Washington, DC DHMH - 16 60M 7/84 McGuire Funeral Service, 7400 Georgia Ave.N.W. (VRA 15, 4)

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(VRA 15. 4)



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4 6 4		NANCY	В	LUKE	August 30, 1986	6:45a M
g 8.3	3 S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR - IF UNDER 24 HRS
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01 11 5	H	BIRTHPLACE (STATE OR FOREIGN	U.S.A.	Y? 8 MARRIED NEVER MARRIED WIDOWE X DIVORCED	Prince Coerce	
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6)	739	ual residence (if nursing home or STATE 136 COUN Pr.	OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? PESTX NO [13e.STREET ADDRESS / ZIP CODE 8587 Greenbelt	
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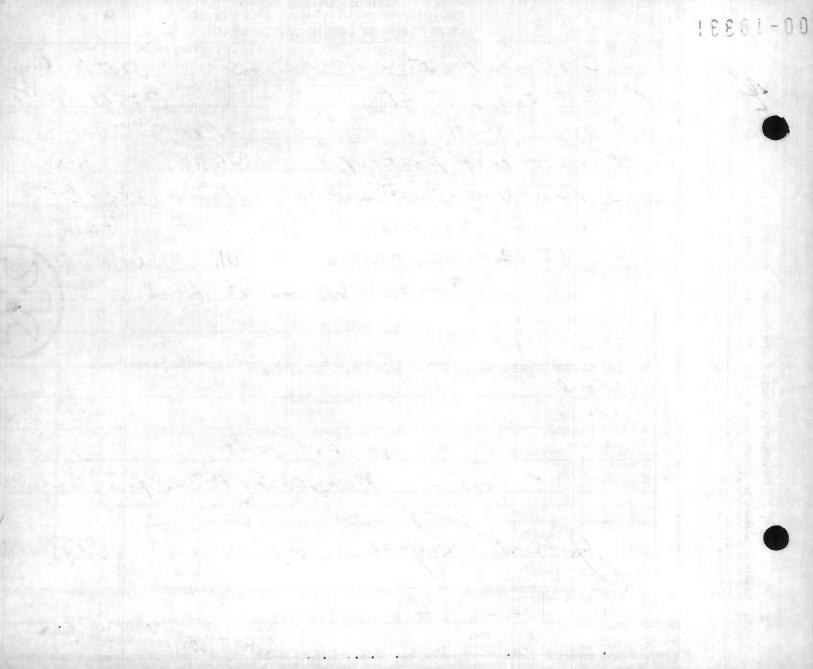
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR 23. 1986 11:45A. September JAMES. Μ. MARSH SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR White December 4, 1961 Male 84 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Scot and Prince George's County U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TO THE THE TOTAL OF WORKING LIFE) INDUSTRY Washington Adventist Hospital Takoma Park State Engineer USUAL RESIDENCE (IF NUR: WILL INCOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Florida Sarasot a NOKOMISWN 1330 FELADRES Drive 13d. INSIDE CITY LIMITS? 33555 I FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDBHE Isabella MIDDLE Harold. Marsh MacDonald 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS' 309 Lime Drive NO SE UNKNOWN LIF YES, GIVE WAR OR DATES! 578-26-4732 Addie Marsh (Wife) Nokomis, Florida 33555 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for its) bloand it PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Q Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNT STATE NOT WHILE 22s.1 certify that (1) Ithis haspital; attended the deceased from and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated attove (I) (we) (did (did not) view the body after death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS 831 University Blvd. E. MPORTA Lewis H. Dennis, M.D. Silver Spring, Maryland 20903 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Mary Tand Burial 09/26/86 Fort Lincoln Cemetery Brentwood P. GUNT 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Maryland 20781 son-findelle (VR A 15 (4))

00018427	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 6 / 3 9 CERTIFICATE OF DEATH REG. NO.									
ay be		ECEASED NAME FIRST MYF	RTLE	MARSHALL		06-86 4.55P						
3e 4 mo	3. SI	emale	Black	5. DATE OF BIRTH MONTH 5 1918		FUNDER LYEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.						
	M	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	OF DEATH MD.						
11 79		EVERLY	PR'INCE GEORGE G		120 USUAL OCCUPATION (UPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY NONE						
6 1	M	.D. Anne	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV Harwoo	130 II O IDE CITT EIVITS:	13. STREET ADDRESS / ZIP CODE 4757 Sand Road	20776						
omplete ond 2	1	ATHER'S NAME FIRST James	Mitchel		MIDDLE	Sharps						
BALLIMORE Cate be execu ysician and c ppers. Pages. viol.	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	TAMED FORCES? 166 SOCIAL SECTION (166 SOCIAL S			57 Sands Road rwood, MD						
ING PHYSKIAN: The law requires that the death certification by the other death certification in the this certification has been signed by the attending of site buriol-transit permit. Then please remove carboning to and Membal Hygiene prior to buriol, cremating, or removed are them 18 shaws, any injury, or ather traumatic even or them.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE (b) CONSEQUENCE (c) Type (u)	vasculin de	VD MINAL DISEASE OR CONDITION GIVE	N IN PART 1:0						
The low rician. Ite has been sit permit. Gjene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?						
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TO HOSPITAL TO FUNERAL should be defor with the Store	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. I	22e ADDRESS 14314 OLD MA	RLBORO PIKE UPPER	MARLBORO MD						
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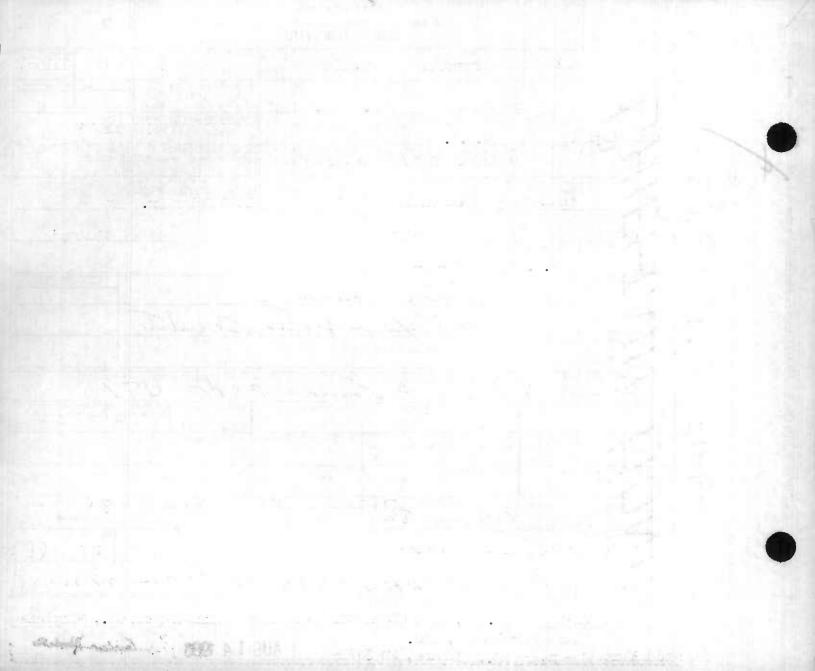
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN ESTI-DEATH MATED AGE LINYEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) AONTHS PRONOUNCED 73 YRS DEAD To BIRTHPLACE ISIATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED POREIGN COUNTRY) Prince Georges Ohio USA WIDOWED DIVORCED | CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Bowie Retired Military RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 113b COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges Bowie Maryland 2701 Lyn Place 20715 YES XX NO IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE WHILE John Marshall Amelia Simonson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 286-03-1326 Lois W. Marshall same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause partine for (a), this and is RETWEEN ONSET AND DEATH «Chidenas calo dinear PART I DEATH WAS CAUSED BY: OG IMMEDIATE CAU OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES INO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Accident Hamicide ___ Mutural causes Suicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 23d LOCATION 2, 1986 Metropolitan Crematory Cremation Alexandria, Virginia Oct. 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 16000 Annapolis Rd. **DHMH - 17** in Junean-Par Beall Funeral Home Bowie, Maryland (VR A15 ME (5))

M. Warehall May - May of Cont. Cont. Cont. THUS COMPANY TOTAL OF THE STATE Con - B-1326 Lote M. Marshill Masser as 18: Draw iton . (1911. S. 1930 Norway Line (reserver) Missandria, Virginia The Land and Ting and Lindbyron , partition and designers that

STATE OF MARYLAND

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0	PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	73a BI		TION, REMOVAL 2		23t. NAME OF		ADDRESS		LOCATION	1/11/10		
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3	- NO. 7	14. FATHER'S NA	ME	MIDDLE			15 MOTHER'S MAI						
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S			SED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SEC		17 INFORMANT 5				,Bla	aden	s-
5	IRS AFTER D 3. GIVE PAG WITH FORM C. PAGES 1 DIVISION	Yes/Mar	cines 197	3/1975	212-64-	-4884	Debra D						
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5	TEM 18. ONG W PERMIT. SIENE, D	PARTI	DEATH WAS CAUSED	BY: E CAUSE (a)	Thoracic						DEIV	TECH CHOC	AND DEATH
	A SI	04.	5 / Willedin		AS A CONSEQUE								
	THIN IEER IN		tions, if ony, which rise to immediate	(b)							12-		
3	OR TRO	couse	(a) stating the under-		AS A CONSEQUEN	ICE OF						-	
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2	A A NI A SEC	PART 2 OTHE	R SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 in					
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	THE PARTY	190. DATE	OF OPERATION	19b. COND	TION FOR WHICH	OPERATION W	'AS PERFORMED?		The state of		20 A	UTOPSY?	,
A LIVE	SHOULD ORD "PE CHIEF A CHIEF A TOF HEL	ĬĔ I									Y	res 😾	NO 🗆
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	Z B B B S A	ACTUAL	M	1 19	10100		Assistan	t		DATE		9-19-	-86
	SHE SHE	SIGNATUR	-			M	.D.110015 car	WEDICA	L EXAMINER	SIGN	NED	2.5	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRITIFICATE, WRITING THE WORD "IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFIRE DEPARTMENT OF HE BANTIMORE, MARYLAND, 21201 PRIOR TO BUSIAL,	EXAMINER (TYPE OR P	SNAME Char	cles P. K	okes, M.D		ADDRESS_111	Penn St	., Balt	O., M	D 21	1201	
	PATO PATO	230. BURIAL, CREA	MATION, REMOVAL 2				R CREMATORY Park	23d LOCA	TION				
07/8	14 BP	(SPECIFY)	urial 0	9/25/86	Harmo	nv Me	morial Park	Land	dover,		O. Ma		and
25M		24 FUNERAL DIR			neral Ho			E REC'D. BY RE	GISTRAR 256 F	REGISTRAR'S	SIGNATI	URE	
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00 102	1. 7	1 - :	OR STATE		EPARTMENT OF I			ATH	26/48	
00-192	4 /	T. DEC	EASED NAME PIRST OR PRINT)		Ward	Mr. No	11	REG. NO. 20 DATE KNOWN OF ESTI- DEATH MATED 1	MONTH DAY YEAR 26 HOT	JR
PY, PLEA DIRECTO DUR FILE 72 HOLD	N STREE	M	ale Phets	5. DATE OF BIRTH MONTH DAY July 17,19	6 AGE (IN YE	RS IF UNDER 1 YE	R. IF UNDER 24 HRS. Hours Min.	PRONOUNCED 9 -	-25 19866	X BIX
MERCAL ME	99		RTHPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	MARRIED I	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR	Ser Co.	AD.
PAGE	74	Che	verly,Md.	Prince	ITAL NURSING HOME ILIT GIVE STREET ADDRESS)	OR OTHER INSTI	Hospital	Unit OCCUPATION (TYPE OF OWNERS	d None	
AND STAND	¥5>	3a S1	aryland Prince	Georges (e residence before admission of the City or town to Seat Ple		NO □ 620	REET ADDRESS 19 Addison Ro	pad 20743	
M 200 H	The state of the s) E	THER'S NAME dward	MIDDLE	McNei1	F1	HER'S MAIDEN NAM FIRST EETIA	Beatrice	Vann	
S AFILE GIVE PA	DINISION	(YE	(AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN) (IF YES, GIVE V (F) YES, GIVE V	WAR OR DATES)	579-56-490		tia B. Bro	own, Mother, Du		
ON ST., I	SIENE, DI		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	rdio mys	pathy			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	гн
≥ > ≤ ≤ E	ARNOVAL.		Conditions, il ony, which gave rise to immediate cause (o) stoting the <u>underlying</u> cause last.	(b)	AS A CONSEQUENCE	DF V				
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C C C C C	STATE DEF	MED	WHILE NOT WHILE AT WORK		PRY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE	=
WINER FICAT	AND		22a I certily that I took charge death resulted fram: Nature					Inquiry , and	in my apinian	
DICAL EX	AFTER DEATH, WIT		ACTUAL SIGNATURE AUGU	to files	duguez, M	M.D		DICAL EXAMINER	ple Hills, MD	>
TO ME	AFTER BALTIN	23a Bl	IRIAL, CREMATION, REMOVAL 23	3b. DATE	23c NAME OF CEA	AETERY OR CREMA	NTORY 23d L	OCATION YORTOWN	COUNTY STATE	=
07/84 BP 25M DHMH	- 17	24 FL	INERAL DIRECTOR	med W.	Temos		al Park. I	Jandover, Prin	nce George, Md.	
(VR A15	ME (5))	Ва	con Funeral Home	3447-140	n Street,N	.w.washir	igtonappe	9 1986	- resident property	_

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4		REGISTRAR								REG. NO	Ο.		
1		CEASED NAME	FIRST		WIDDLE		AST		20. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR 15
	(11.7)	OK PRIMI)	WILLIA	M	H.	N	EAD				9-	4-86	10" M
1	3 SEX	(4 RACE	8-62	5 DATE C		WE A D	6 AGE (INY	EARS LAST BIRT	THOAY)	MONINS DAYS	
		MALE		Caucasi	an	Sept	ember	24, 189	7 88		YRS	MOINING DATS	MOURS MIN
싀	- 0	RTHPLACE (STATE			WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH	
Ц	Cle	eveland,	Ohio	U.S.A	•	WIDOWE		ONORCED	PRIN	ICE GE	ORGE	S¹	MD
1	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL			126 KIND LIFE) INDUSTRY	OF BUSINESS OR
2		LINTON		SOUTHE	RN MARYLA	ND HO	SPITA	_	Progra				Govt.
Ú	13a S		13b COUN		Upper Mor		134 INSIDE	CITY LIMITS?	13e.STREET	ADDRESS	ZIP COL	DE	531
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4	ile.		(ED INTO A D							ADDRE		CTEI	ence
	NT.	AS DECEASED EN ES NO OR UNKNOWN O	OF YES GIV	WAR OR DATES)	294-07-4		Picha:	rd R. Er	valb.			3 A-E	
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		Conditions, if a		(b)	29	2	2						
		cause (a), st underlying co		DUE TO, O	R AS A CONSEQUE	yly or	110	emor i					
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N	CERTIFICATION	19a DATE OF OPE	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	DPSY?	20b. IF Y	ES, WERE FIND	INGS USED
4	IFF	mar Alver							YES 🗆	NOCX		TIFYING CAUSE	S OF DEATH?
1	E I	210. ACCIDENT WAS	UNDERLYING	216 TIME O			21c HOW	NJURY OCCURE					
		OR CONTRIBUTING		16	M. MONTH DA M.	Y YEAR	1						
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211 LOCAT			CITY OR TO	1401	COUNTY	STATE
	¥	WHILE NO	WHILE WORK	(AT HOME STE	REET, FACTORY, OFFICE F	ARM ETC }	2146			CITORIO		COUNT	STATE
		220.1 certify that	(I) (this hospi	tal) attended th	e deceased from			, 19	, to			. 19	, that (I) (we) fast
		saw the dec	eased alive an	The bady	after death.	. 01	nd that in (m	y) (aur) apınian d	death accurre	d an the do	ate and ho	au and Iram th	e causes stated
		The SIGNATURE		1	P. 1	-	DEGREE			4		22c DAT	E SIGNED
		0	N		un	1	MI	PHYSICIAN A	DIRECTOR	PHYSIC	IAN [
		22d PHYSICIAN'S			The section		226 ADDRI						0.000
		LAXM	I N.	BERWA,	M.D.		1300) Mercha	ntile	Lane,	, Lar	go, Md.	20772
		URIAL, CREMATIC	N, REMOVAL	236. DATE	23 c. N	IAME OF C	EMETERY OF	CREMATORY	23d. LOCA	ATION OR TOWN		COUNTY	STATE

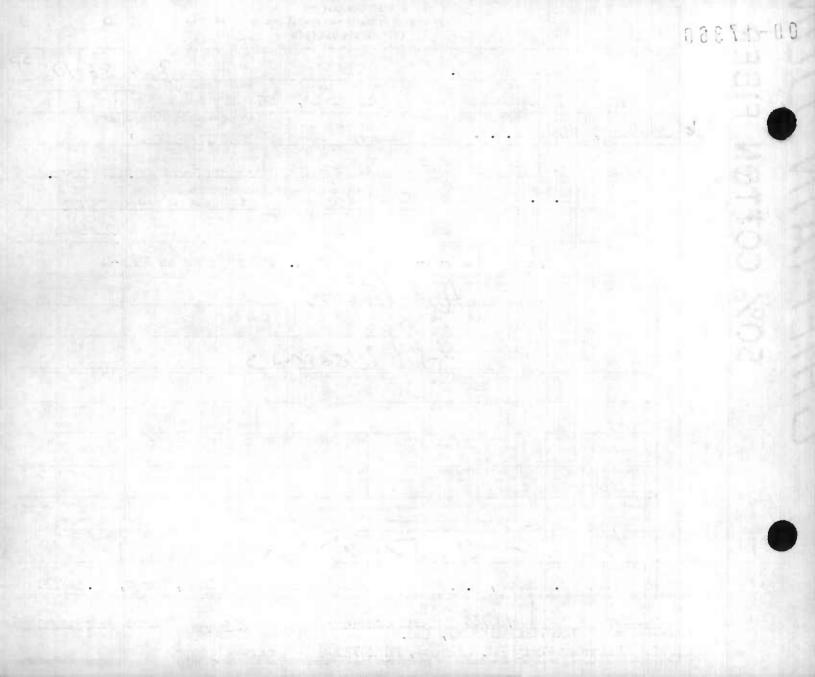
236 BURIAL, CREMATION, REMOVAL Cremation

nton Prince Georges Md
kegistrar 256 Registrar's Signature

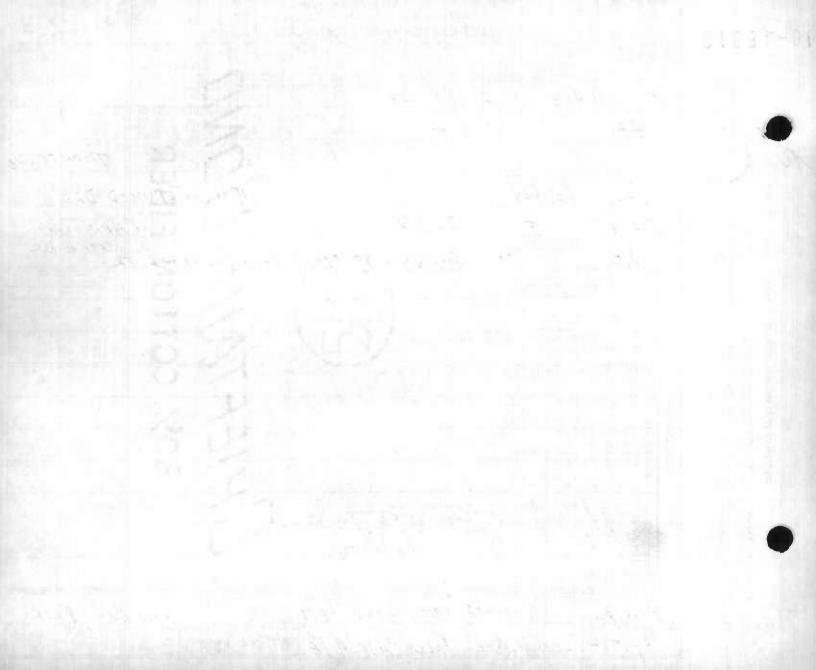
BP_____Cremation 09/05/86 Lees Crematory

DHMH-16 60M 7/84
(VRA 15. 4) 6633 Old Alexander Ferry Rd. Clinton, Md 20735

COUNTY



	-				TE OF MARYLAND		
	7		FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE 6 2	6 / 5 0
0 -4	0010		REGISTRAR	MEDICAL EXAMIN	IER'S CERTIFICATE O	F DEATH REG. NO.	
10-1	13013		CEASED NAME FIRST	MIDDLE	LAST	28. DATE KNOWN AMONT	H DAY YEAR 25 HOUR
	TANK THE REAL PROPERTY.	(TYP	E OR PRINT)	73	24	OF ESTI-	TEAN TEAN TOOK
	E E E E E E	1	Mary	P.	Menendez	DEATH MATED XX 9	-25 1986 M
	#10E9#	3. SEX	4. RACE S D	ATE OF BIRTH 6 AGE (IN YE ONTH DAY YEAR LAST BIRTHD	ARS IF UNDER 1 YR. IF UNDER		DAY YEAR 24 HOUR
	SESEZ W		F 1104 TK	10-2-1941 44	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD 9	-25 1986 8:40
	33225///	7s B1	RTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	RS.	A BALTIMORE CITY OF COLL	
	放眠是星器/	FO	REIGN COUNTRY)		" MARRIED NEVER MARRIE	D 🔲 —	
	THE L	0	GA.	U.5.A.	WIDOWED DIVORCE	□ Prince Georg	e's County, MD.
1	WHING XI	J. CI		NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WOR	X 178 KIND OF BUSINESS
10	AFEAN CO	FH		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	+ Dood	FOR MOST OF WORKING LIFE)	THOMASTERLE
	8 Z 8 9			12000 blk. Old For	L ROad	FA. DEC.	1 State
202	29-33	13a S		13c. CITY OR TOWN		13e SIBEET ADORESS	99999
2130	《《名名为》		VA. FAINTA	X	YES NO	4114 CARIERWOO	D DE!
9	- NE NE 1/1	14. FA	THER'S NAME		15. MOTHER'S MAIDER	NAME	
	FS & S & M		TRANKS &	To JAST V	FIRST 11	MIDDLE	la relief
C C	5 808 40 ×	16- 14	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	KIST THU
2	AFTER DE INE PAGE H FORM AGES NAI ISION OF	{YI	ES. NO. OD UNKNOWN) (IF YES, GIVE WAR O		TINO.	MA ADDRESS	SAME AS 13C
-	S AFTER GIVE PA ITH FOI PAGES VISION		No	260-64-4	09.3 ERNEST MAKE	CO MENENDEL TR	
	. OX . >		18 CAUSE OF DEATH (Enter only on	e cause per line far (a), (b), and (c),)			APPROXIMATE INTERVAL
5	- A		PART I DEATH WAS CAUSED BY:	Multiple Ini	uries		BETWEEN ONSET AND DEATH
o o	Y E C S E S	/	8 15 B IMMEDIATE CA	1036 (0)			
121	ZZZZZZ			DUE TO, OR AS A CONSEQUENCE	OF		
0.	RANGE E	- 1	Canditions, if any, which gave rise to immediate	(b)			
3	N N N N N N N N N N N N N N N N N N N		cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE	OF .		
0	EZXAXZ		lying cause last.				
	SHOULD BE EXECUTED WITHIN 24 HC RRD "PENDING" IN PENCIL IN ITEM RRD "PENDING" IN PENCIL IN ITEM REDICAL EXAMINER ALONG E USED AS A BURIAL - TRANSIT PERW FOF HEALTH AND MENTAL HYGIENE URIAL, CREMATION, OR REMOVAL.	1 3	\\	(c)			
PECOROS	N N N N N N N N N N N N N N N N N N N	-	PART 2 D INER SIGNIFICANT CONDITIONS CONTR	IDUTING 10 OEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART	T 1 (a).	
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	367931	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
MIA	S S S S S S S S S S S S S S S S S S S	F	BOTH THE STATE OF THE STATE OF				YES XX NO 🗆
	N O S N O S	12	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21. HOW INTERPLOCATIONES	ENTER NATURE OF INJURY IN ITEM TO PART TOR	
C	K-FSRb		UNDERLYING ANOR	HOUR A.M. MONTH DAY YEAR	2 ILL HOW INJURY OCCURRED	CENTER NATURE OF INJURY IN HEM 18 PART I OR	PART 2]
0	PEC DA RO	3	CONTRIBUTING CAUSE OF DEAT	7 23 11 0	6 occupant on m	otorcycle that str	ruck trees
NOISING	S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET		
S	AND THE CHILD TO THE STATE OF THE CHILD THE WORD "FRENCE TO THE CHIEF OF THE CHIEF	2	AT WORK AT WORK	road		d Fort Rd., Ft. Wash	OUNTY STATE
	F->>522		AT WORK AT WORK	1.0au			
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORW L DIRECTOR: F H, WITH THE ST MARKJAND,		220. I certify that I taak charge of t	the remains described above, held an	Autopsy Inspection	. Inquiry George	s Co., Md.
	3 55555		death resulted from: Natural ca	www. Meddent XX Su	icide Homicide	Undetermined manner .	
	SHOWEN C		100	1		onderenmed manner	
	2030-5	- 9	ACTUAL/ WELL !!!	1 Min 101	TITLE (SPECIFY)	DAT	F 0 26 06
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	ON THE PERSON AND THE		EXAMINER'S NAME	11/11/11	111 5	- 01 5-11	47 03003
	O FUN		(TYPE OR PRINT) Denni:	s F. Smyth M.D.	ADDRESS_III P	enn St., Balto., M	4d. 21201
	58457¥	23a.Bl	JRIAL, CREMATION, REMOVAL 236 D.	ATE 23c. NAME OF CEA	METERY OR CREMATORY	23d LOCATION	
all	1.0099	(5	Rispin 9	-30-86 NEIN HI	SOF NEM	CITY OR TOWN	UNITY CIDE.
9 35	19+1	24 51	INERAL DIRECTOR	- INPW ME	125a DATE DI	EC'D. BY REGISTRAR 23b REGISTRAR'S	SIGNIATION
10	DHWH 17	/	Pyre - Tol T	CADDRESS	1/1/100=		
	(VR A15 ME (5))	-	MPITO FUNERA	-OFR. DALLS CH	DRCH MA UCI	1986 . 2204	المعالية المراسمين



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FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

20 DATE OF DEATH MONTH

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

3:30A.M

IF UNDER 24 HRS

CERTIFICATE OF DEATH REG. NO.

Donaldson Fun. Home 313 Talbott Ave. Laurel Md. SEP 0 9 1986 24 FUNERAL DIRECTOR

22c. DATE SIGNED

NO F

STATE

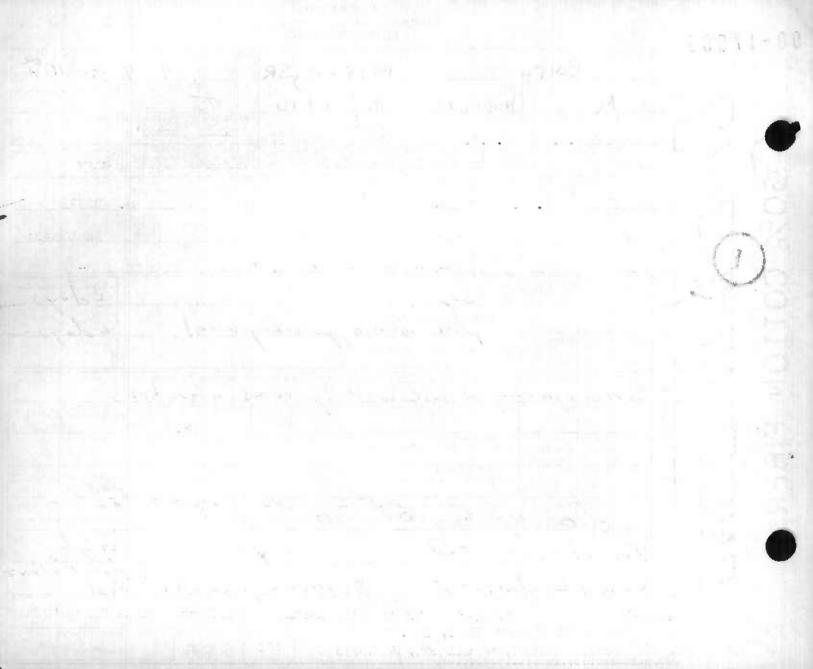
COUNTY

\$100 to 100 to 1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 18808 I. DECEASED NAME 28 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS Nicole Dod Milbourn Sept. 1986 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS Feb. 1938 23 Female. White 48 18. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED w Jersev USA WIDOWED DIVORCED [Prince Georges IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR 6607 Wells Parkway Opthamoligist Asst. INDUSTRY Iniversity Park HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Prince Georges Univ. Park 13d. INSIDE CITY LIMITS? 136807 Wells zparkway 20782 [arvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Kathryn Bayard Stover Dod Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT NYA NO OR UNKNOWN Jerry R. Milbourn, Jr. (same as 13e) 142-30-6706 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cinomao Conditions, if ony, which gove rise to immediate couse (o), stoting enocahelho underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IT 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR LIE EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (max (did) (did not view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated THE SIGNATURE EGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN SHAME (TYPE OR PRINT) 22 ADDRESS the G. Leonard Gold, MD. 8630 Fenton St., Silver Spring, Md. 0 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Buria1 Gate of Heaven Cemetery Silver Spring Montgomery Md. -24 - 198624. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 11800 N.H. Ave., DHMH - 16 60M 7/B4 Hines/Rinaldi Funeral Home (VRA 15. 4) Silver Spring, Md. NED 00 1008

STATE OF MARYLAND

		1	FOR STATE			DEF	STAT PARTMENT OF	E OF MARYLA HEALTH AND I		IENE 8	6 2	6 /	5 4
10 - 17	595		REGISTRAR				CERTI	FICATE OF D	EATH		REG. NO.		
0 , ,	000		CEASED NAME	FIRST		MIDDLE	3000	LAST		20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
oy be	death	TITTE	ORPRINT)	ALPE	Emr	mett	M	NOSR	SR		9 "	1 86	10 A M
moy	0	3. SE	(RACE		5. DATE	OF BIRTH)	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	s of	M:	ale M		Cauca	3100	MONI	H DAY	1 IO	75	YRS.	NONTHS DATS	HOURS MIN.
Pog dire	Por si / por	7a. Bi	RTHPLACE (STATE OF F	OREIGN 7b	CITIZEN OF		VTRY? 8	tv.		9 BALTIMORE	CITY OR COUNTY	OF DEATH	
eoth.	24		shington_D	C	U.S.A	^	WIDOW	ED XXNEVER A	VORCED	Prince	George's	3	MD.
o fur	4 87		TY OR TOWN OF DEA	TH 11	1. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INST		12a. USUAL OCC			F BUSINESS OR
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OR A	sept.		226. SIGNATURE	1	/)	DEGREE			- 62 1/6	22c. DAJE	SIGNED
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TO HOSPITAL etoined by 11	should be deto		Ronald	Lan	lmgn	130		7440	Penns	ulvan,	s Ave.	mel	
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00-	196	666		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	6/60
	1 7	600		CEASED NAME FIRST OR PRINTS	en Catherine Murray 9 - 26 - 8	, 20. HOOK
	4 00		3.58		MONTH DAY - YEAR	UNDER LYEAR IF UNDER 24 HRS
	age description	1 8	70 B	FEMALE RTHPLACE (STATE OR FOREIGN	White 1 - 08 - 17 YRS. 75 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY O	EDEATH
	earth. I	40	1	ashination. D.C	MARRIED NEVER MARRIED	orge's MD.
101	a other o	90	14	1790 Md.	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Office Clerk	12b. KIND OF BUSINESS OR
AND 212	n Za bou	4		floridal	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 2563 Ramble W	ood Dr. 33515
MARYL	d with	100	7	ATHER'S NAME FIRST Edward Har	MIDDLE NAME IS. MOTHER'S MAIDEN NAME Nettie Cecelia (Colburn
IMORE, A	e execute	And		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 607	West Bayfront ian, Md. Road
T., BALT	filcote b	monoi ment. It			nly one cause per line for (g), (b), and (c.) ED BY: OTE CAUSE (a) Cardio respiratory arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, 201 W. PRESTON	res that the death ce gred by the attending	n please remove carb burial, cremation, or n y, or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) Lear Presidence OF (c) DUE TO, OR AS A CONSEQUENCE OF LEASE OF CONDITION GIVEN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	I IN PART Itos
I RECORDS	he low reque	or prior to	TIFICATION	19a DATE OF OPERATION		WERE FINDINGS USED NG CAUSES OF DEATH? NO
OF VITA	physical physical	186	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	I OR PART 2)
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٥	ATTENDRA Ignol or CTOR: At	Por utera of Health	6	saw the deceased alive or	19, and that in (my) (aur) apinian death accurred on the date and hour a st) view the body after death.	nd fram the causes stated
	TAL OF , y the ho RAL DIRE	detochec tote Dept		Ullanor	S. Ray > W.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9/24/81
	D FUNE	MPORTA		VILLAMO	e S. REYES, M.D. CSOI Landover RD, Cla	wanty MD
00	alan	0	230 D	BURIAL, CREMATION, REMOVAL (SPECIFY) L'PIAL	CITY OR TOWN	COUNTY STATE
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- 19,937	FOR STAT REG	E STRAR			DEPART	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	NO.	6 1	6 1
m.s	I. DECEASE		FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
poge 3			Robin	Mar	ie	Murta	igh	September	27, 19	86	1:00 PMM
e d le	3. SEX		10.0	4. RACE		S. DATE C		6. AGE IN YEARS LAST !	SIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4	Fema	le		Caucasi	an	5-12	2-60 DAY YEAR	26	YRS	DATE	MIN.
Po Por	To. BIRTHPL	ACE STATE OF	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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by the full stilled with	Lanha			AMI Doct	cors Hos	p. of	Pr. Geo. Co.	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	OF WORKING LIF	176. KIND C INDUSTRY Own I	F BUSINESS OR Home
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he low requires that the death ion. Nos been signed by the otten t permit. Then please remove con riene prior to buriol, cremation,	gov. cous unde	ditions, if ony e rise to im e lo), stati erlying cous 2. OTHER SY ATE OF OPERA	mediote ng the e lost.	DUE TO, OI (c) CONDITIONS CC	et	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10, WERE FINDING CAUSES	NGS USED
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TAL OR ATTENDING by the hospital or or or Atal DIRECTOR. After detailed for use os or or or Dept. of Health II. If them 21 is mark	77a-1	1	this hospi	Z/8	decay of from 19 E		DEGREE ATTENDING PHYSICIAN	death occurred on the	AFF	ond from the	the (Line) lost couses stoted
TO HOSPITAL retoined by th TO FUNERAL should be deto with the Store IMPORTANT. II		CINAS CREMATION	, REMOVAL	BUSIN 236. DATE	UCBA 73c. P)5Z	EMETERY OR CREMATORY	IN COLATION	Drive	Gieca	60000
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13.

				FOR		DI		E OF MARYLAND BEALTH AND MENTAL	HYGIENE	8 6	2	6 /	6 2
0-1	706	7	1 -	STATE REGISTRAR				ICATE OF DEATH		REG. NO	6148		
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AND	filled a	33	Mar Mar	yland	COUNTY P. G.		CE BEFORE ADMISSIONS OR TOWN E Hills	13d INSIDE VITY LIMITS	13e.STF	REET ADDRESS / 5 28th A	ZIP CODE	20748	}
MARY	mpleme) and 2 s	160		ther's NAME hnathan	MIDDLE	Mye	ers	Mary FRS1	INAME	Eleano	r	Morris	son
3	2 5	dico/	160 W	AS DECEASED EVER IN LES NO OR UNKNOWN)			AL SECURITY NO.	17. INFORMANT		ADDRESS			10/10/49
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. B.	by the uniteding physics remove corbonidate	other traumatic event,		Canditians, if any, wh gave rise to immedi couse (a), stating	DUE TO	D. ORASAKOI	NSEQUENCE OF	y hope	mi	. () .	BETWEEN	MATE INTERVAL INSET AND DEATH
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AL RECO	has been the permit.	3	CERTIFICATION	190 DATE OF OPERATION	1 19b. CC	ONDITION FOR	WHICH OPERATION	N WAS PERFORMED		200 AUTOPSY? 206. IF YES, V IN CERTIFYII			
JOF VIT	g physici certificate riol-transi	Item 18 sh		710 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUS	R A.M. MON	TH DAY YEAR	21c HOW INJURY OCC	CURRED (EN	ITER NATURE OF INJURY	Y IN ITEM 18 PAR	TI OR PART 2)	
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T C N S L	Spitol or CTOR: A I for use	n 21 is mo		22a I certify that (I) (thi sow the deceased a above (II a e) (did)				nd that in (my) (aur) apir	nian death o	ccurred an the da	te and haur c		that (we) lost causes stated
	y the ho	ZT. # Hen		1812	DEGREE ATTENDING MEDICAL STAFF 9 3 0								
CH C	erained b	PORTAN		226. PHYSICIAN'S NAME	J. W	ATT	tran.	_	000	nt,	nd	2.	
1		4	. (URIAL, CREMATION, REA				EMETERY OR CREMATO	PRY 23d.	LOCATION CITY OR TOWN	5.6	COUNTY	STATE
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Di	HMH - 16 60	M 7/84	24 10	NERAL DIRECTOR Les	Form F	Home,	iton Md		SEP	BY REGISTRAR 2	SE REGISTRA	AR'S SIGNATI	JRE

872		1.	FOR STATE REGISTRAR			DEPART	MENT OF I	EALTH AND MENTAL HYG	REG. N	2	6 /	5 3
0.2			CEASED NAME	FIRST		WIDDLE		Neilsen	20 DATE OF DEATH		AY YEAR	25 HOUR
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111	to /		enmark		U.S.A.		WIDOW	DIVORCED	Prince Geo			ME
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been sign mit. Then prior to b	toolu Auc	CERTIFICATION	198 DATE OF OPERAL				15	N WAS PERFORMED	208 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
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and trons	9	1.72	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA		OF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	DRY IN ITEM 18. PA	RT I OR PART 2)	
s the bu	hedo	MEDICAL	21d. INJURY OCCURE	ILE 🗇		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR IC	NWO	COUNTY	STATE
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detached detached tote Dept.	VT. If them		SIGNATURE	by &	riche	son,	mL	DEGREE ATTENDING A PHYSICIAN	MEDICAL STA	FF CIAN []	220 DATE	31/8 E
O FUNE hould be	MPORTA		J. BRO			CKERS	on	6188 0 XON	HILL	ROAD.	Oxon	HTZZ W
-	2.1		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	CTATE
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(VRA 15, 4)		3	Old Alexand	der Fa	erry Ro	ad Clinto	n. Md		SEP 2.3 1981	100		- of speed

4		1	- 5	OR TATE EGISTRAR		DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		2 (5 /-	6 4
-118	434	1			SABELLE	MIDDLE	М.	AST NELSON	REG. NO	MONTH DAY		2b. HOUR
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120	E	9	-	RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	JOSPITAL.	Housewife		priva	-y /
ND 2	43		3a ST		JNTY •	Marlo	w Hts	138 INSIDE CITY LIMITS?	13e STREET ADDRESS A		201	148
ARTU	100	11	4 FATE	HER'S NAME FIRST	WIDDIE	LAS		15. MOTHER'S MAIDEN NO FIRST			LAST	
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	phy on po semov			PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Resp	RATO	QY ARRE	ST			
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RECORDS	ow r bee rmit. prio	11		a. DATE OF OPERATION	196. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES/	WERE FINDING	GS USED
	The I	1	EL		45				YES NOT	YES		NO [
N ×	ohysical eficote fronsi	/ //		In. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E			DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)	
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0	or or see of the see o	9-	-	20.1 certify that (I) (this has	pital) attended t	he deceased f	rom_ JUL	1 /2 . 19 86		1 19		hot (I) (we) lost
	priolippitolippi			sow the deceased alive a above, (1) (we) (did) (did)	on Sept	v after death.	19 86 ,0	nd that in (my) (our) opinior	death accurred on the de	ate and have a	and from the co	ouses stated
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ORE, MD	PAGES 1, 2, 2, 2, 2, 2, 2, 3, 4, 10, 2, 8, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		Walter Walter		Niedz			15 MOTHER'S MAID Helen	EN NAME	MIDDLE		Dusky		
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	73a BI	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, RI			driguez, M						Hills,		
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John B. Ragors

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STATE OF MARYLAND

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	he to	Shows	TIF						IFYING CAUSES OF DEATH?
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	SICIA ng pl certif	54	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	ATTS	19			
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ORE ond o			GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADURES CONTRACTOR	90 Briscoe	Turn R
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W. or the or the or the or the		couse (a), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF	ARY ARTER	DISENS	5	
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ALR Con.	E					YES NO	YES	NO 🗌
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PHY PHY thus thus he bu	MED	21d. INJURY OCCURRED	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
DIV Brother After Tros t		AT WORK AT WORK			119 01	9110	- 01	
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RECTI RECTI ed for em 2		sow the deceased glive obove, (I) (we) (did) (did 22b. SIGNATURE	nat) view the body after	deoth	DEGREE		22c DATES	
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STATE OF MARYLAND

0 - 1	7000	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 / /
0 = 1	7205	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		DECEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26, HOUR
	2 21	MILDRED M. ORANGE 09 01 86 6:46PG
	1 1	4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH DAY YEAR MONTHS DAYS HOURS MIN.
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-	1114	Washington, D.C. U.S.A. Never Married PRINCE GEORGES MD.
	1 11/1	II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 125 KIND OF BUSINESS OR
102	1 1100	CLINTON SOUTHERN Md. HOSPITAL HOUSEWISE INDUSTRY HOUSEWISE N/A
ND 21:	石林形	USTALE LIST COUNTY
SYL.	ENE VO	15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST
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TIMORE	Property	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 6807 Fulford St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
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T RECOR	hos been been been been been been been bee	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X YES NO X
OF VITA	CLAN TI S physics of front mail front	216. ACCIDENT WAS UNDERLYING ALSO OF DEATH HOUR A.M. MONTH DAY YEAR
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۵	TENDER AT THE PERSON AT THE PE	22e I certify that (1) (this hospital) attended the deceased fram 919 1996, to 9 1996, to 9 1996, that (1) (we) lost saw the deceased alive an 1996, and that in (my) (aux) opinion death occurred on the date and haur and from the causes stated above. (1) (we) (did not) view the bady after death.
•	TTAL OR A to the book that DIREC clemb Dept.	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 9286 272. PHYSICIAN'S NAME (LYPE OR PRINT) 124. ADDRESS
	O HOSPITAL Floring by th TO Florida by the Hoseld be detr - of the State	W. FURST m.D. 11701 LIVINGSTON Rd. Ft. WASh. md.
	BP	236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Resurrection Cemetery Clinton P.G. Maryland
	DHMH - 16 60M 3/84 (VRA 15, 4)	George P. Kalas Funeral Home Oxon Hill, Md. SEP 5 1986 Julia Davidon Fondate.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE REGISTRAR REG. NO. DECEASED NAME 28 DATE KNOWN A MONTH THE SHIPS OF ESTI-171986 DEATH MATED & AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED HOURS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Jamaica Geon 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NURSING HOME, OR OTHER INSTITUTION Janvitch BUNKER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jessie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF TRANSIT Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 USED AS A B CERTIFICATION LE THIS CERT.

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"TO BU 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING 19 21e PLACE OF INJURY (AT HOME. 711 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN Natural causes death resulted from: Suicide Hamicide Undetermined manner SHOULD LITLE (SPECIF EXAMINER'S NAME TYPE OR PRINT ADDRESS. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

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RECORDS	s beermit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	ERE FINDING CAUSES	GS USED OF DEATH?		
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> z	H H		218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	11b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)			
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ATTEN	TOR for us of He		saw the deceased alive on above, (1) twee third did not v	her the body ofter death.	1900, 01	d that in (my) (our)-opinion d	eath occurred on the do	te and hour and	d from the	couses stated		
8	d Se de e		776 SIGNATURE	2/11/21	1	DECREE			22c DATE	GNED/		
			Mayor	July	my	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	9/	21/86		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN DOMONTH (TYPE OR PRINT) OF ESTI-Ida Da Ascensao Simao Pessoa AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED Female White June 29, 1923 63 To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Portugal Prince George's County Portugal DIVORCED WIDOWED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Riverdale Housewife Leland Memorial Hospital Own Home SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 113b COUNTY 13c CITY OF TOWN 13d INSIDE CITY LIMITS? Maryland Hyattsville YES AT 4900 49th Avenue 20781 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE BALTIMORE. Francisco Simao Emilia Da Ascensao 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADD#900 49th Avenue (Husband) No 217-98-1877 Jose Da Silva Pessoa Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TWENT TATO BU 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 3 SHOU CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY DIRECTOR: F. WITH THE ST 22a I certify that I took charge of the remains described above, held an Autopsy Natural causes death resulted from Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M SIGNATURE John S. Rogers, M.D. 1919 Seminary Rd. Silver Spring, M ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 09/22/86 Burial Cemetery of Alfeizerao Alfeizerao 07/B4 Alcobaca Portugal 25M Pranciscon's Sons Funeral Home, P.A. **DHMH - 17** was way down fary 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH -19070 REGISTRAR REG. NO. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR TTYPE OR PRINTS SEPTEMBER 20, 1986 5:10 PETZOLD ELIZABETH Ann 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH Dec 30. 1894 Female Caucasian Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Germany USA Prince Georges WIDOWED X DIVORCED | 16 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY OME Malcolm Grow Hospital Home Maker ndrews A.F.B 13c. CITY OR TOWN Rt-232 Box-242B 13d INSIDE CITY LIMITS? Waldorf Maryland Charles YES [NO M FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unavailable Munach Heinrich 160° WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT HE YES, GIVE WAR OR DATEST 213-74-7972 Martha E. Robinson (same as CARDIAC ARREST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE Chronic congestive heart failure Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hy 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE le Aug 22a I certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on 20 Aug 19______, and that in (my) (our) opinion death accurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22e ADDRESS ld b Burnquist, MD MALCOLM GROW MEDICAL CTR, AAFB, MD. 20331 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236 DATE Waldorf MAATE 9/23/86 Oaklnad Cemetery Burial 250, DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Box 156 DHMH - 16 60M 7/84 Waldorf, Md 20601 Huntt Funeral Home (VRA 15, 4)

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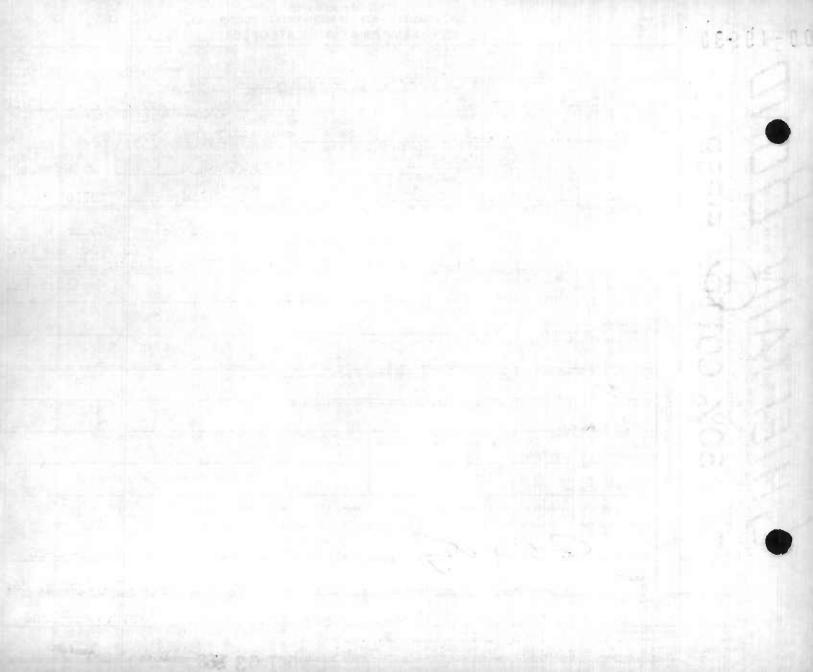
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WAN THE	MEC		NOT WHILE D	STREET FAC	TORY, FARM, ETC.)		TREET		CITY OR TOWN	COUNT	Y	STATE
ECETIFICATE UDIRECTOR: I, WITH THE S MARYLAND,		220 I cert death resul		e of the remains de	Accident , S	Autapsi ouicide ,	y , Inspect	Undeter	Inquiry ,	and in my apını],	an	
MEDICAL EXA ECUIT THE CERT GE 4 SHOULD FUNERAL DIRI TER DEATH, WIT		ACTUAL SIGNATUR	Buger	1 PQ	eques	M.	D. Deputy	MEDIC	AL EXAMINER	DATE SIGNED	9-2-	86
TO MEDI EXECUTE PAGE 4 AFTER DE	730 B		NAME Augu		Iza. NAME OF C		ADDRESS 5009 I	Rayburi 1234 LOC		emple Hi	11s, MI)
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(VR A15 ME (5))	Le	e Fune	ral Home,	Inc. Fer	633 Old Al	nton,	4d.	EP5	1986 gu	ne trustan	my more	-

STATE OF MARYLAND

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υ ε υ ε		CEASED NAME FIRST OR PRINT!	F.		AST PAMSBURG	26. DATE OF DEATH	08-28-	YEAR 2	B HOUR B 30AM
e 4 moy b ctor, page s offer deal	3. SE	x female	4 RACE White	S. DATE (DF BIRTH 1-08-1913	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE		IF UNDER 24 HRS
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C 579	1 2	TY OR TOWN OF DEATH	PRINCE GEORGE	ING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF TETITED	WORKING LIFE) IND	USTRY	BUSINESS OR & linen
13	130.	STATE 36, COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Arundel Lothia	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 249 Edwa	ZIP CODE	20	711
mpletel ond 2	17	ATHER'S NAME William P	MIDDLE LAST		15. MOTHER'S MAIDEN NAI	WE WIDDLE		LAST	
on and co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 234-01		Mr. Steward	A. Ramsburg		n, MD	- husbar
equires that the death is agained by the ottend. Then please remove co to burlad, cremation, a injury, or other trauma	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTION TO CONDITIONS CONTRIBUTING TO	A hige	aug of Aight Co	reles Lebral Cen cu LINAL DISEASE OR CONI	Almon Given in I	PART Iro	
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OR ATTEN he hospirol DIRECTOR, ached for us oched for us Dept of He		sow the deceased plive or	oitol) ottended the deceosed from		nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAF	te and hour and t		
TO HOSPITAL TO FUNERAL should be deter with the State IMPORTANT: I	23n	1776. PHYSICIAN'S NAME (TYPE OF THE COMPANY OF THE	EIGE	NAME OF C	PHYSICIAN [220. ADDRESS LYCE TYPE EMETERY OR CREMATORY	DIRECTOR PHYSIC	uce Willy	e an	4860
BP	130.	Specify) Burial				CITY OR TOWN	COUN		STATE
	24 F	UNERAL DIRECTOR		bullset	Memorial park	Cumberla E REC'D. BY REGISTRAR		gany SIGNATUR	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		James F. Scarpe	lli, Cumberland.	MD 2	1502 SI	EP 0 2 1986	Julia Do	ridorni	Andrea

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI AGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS ZOLW, PRESTON STREET, Sharon DEATH MATED 8:30 Reamy 4. RACE SEX AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d AMPR DATE LAST BIRTHDAY) PRONOUNCED Female July 24,1937 49 YRS DEAD Cau. Sept. 8:30 28, 1986 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRYS DIVORCED XX Prince George's U.S.A. WIDOWED [Washington, D.C. IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Dept. FOR MOST OF WORKING LIFE) Greenbelt 18-G Ridge Road Clerk Of Defense SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 18-G Ridge Road Maryland Prince Geo. Greenhelt. 20770 YES X NO 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ethel Loehr William Ear1 Thomas Marie 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 6317 Den Lee Dr. (YES, NO. OR UNKNOWN) 577-52-6263 Debra L. Winterwerp Clinton, Md. 20735 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Myocardial Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, YPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SIMBALIMORE, MARYLAND, 2 XX 220 I certify that I taak charge of the remains described above, held an Autopsy naury death resulted from Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 9-28-86 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers, M.D. 1919 Seminary Road, Sil, Spring, Md 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial Oct/1/1986 George Washington Cem. Adelphi P.G. 07/84 BP 25M 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE FRANCIS GASCH'S SONS FUNERAL HOME, P.A. **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))



STATE OF MARYLAND

23d LOCATION Surtand

AS 160 Oxon Hill Rd. 250 DATE SED BY REGISTRAR'S SIGNAURE

P.G. Maryland

	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		. 4
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	1	emale	4 RACE Caucasian	Dec.	DAY YEAR	6. AGE (IN YEARS LAST BIRT	The same of the sa	FUNDER I YEAR	HOURS MIN.
8		RTHPLACE (STATE OR FOREIGN COUNTRY) shington, D. C.	76. CITIZEN OF WHAT COUNTRY?	WIDOWI		PRIMCE	Georg	OF DEATH	renty MD
1	(ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	on other institution	170 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOUSEWI			A INESS OR
5	13a S	STATE 136 COUN	e George Oxon Hi	И_	13d. INSIDE CITY LIMITS?	317 Fernda	ZIP CODE 1e Pl.	207	45
~	14 FA	Joseph	Williams	on	15. MOTHER'S MAIDEN NAM BESSIE	WE		Love	less
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? [16b. SOCIAL SECU (E WAR OR DATES) 578-05-24		Burton R. Re.	igelman Oxo	SFernd	ale Pl	•
	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF	not related to the term	Leave Inal Disease OR CONI	DITION GIVE	N IN PART 1	a)
X	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
7	MEDICAL CER	saw the deceased alive an abave, (1) (worldight (did no 22b. SIGNATURE	P.M. ZIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F Ash) attended the deceased fram— 19 11) view the bady after death.	19 ARM, ETC)		CITY OR TO	wn Item 18, PAF	COUNTY	state that (I) fuellast causes stated
/		22d PHYSICIAN SNAME LIVE O	J. Oetgen, M.D.		3611 Branch A	ve. Temple	Hills,	Md. 2	20748

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

236. DATE 9/9/86

George P. Kalas Funeral Home Oxon Hill, Md.

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bankytah M. a marina marina Tilaya ban

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

190 DATE OF OPERATION

22b. SIGNALLET

I SPECIFY)

Ezra

NO

CERTIFICATION

80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20784

Nigh

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 - STATE REGISTRAR REG NO L DECEASED NAME 20 DATE OF DEATH MONTH FIRST 7b HOUR September 19, 1986 Geneva Wolfe. Riddle 12:10 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE Oct. 16, 1900 EAR Female Caucasian TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. Prince George's WIDOWED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17n USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Riverdale Leland Memorial Hospital Teller Banking

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136 COUNTY 136. CITY OR TOWN Maryland Prince Geo. New Carrollton YES

MIDDLE

(IF YES GIVE WAR OR DATES)

Α.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

113d INSIDE CITY LIMITS? NO X IS. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 5291 85th Avenue

Dora Tina 17 INFORMANT 8614 Kiama Roads Laurel, David Riddle. Maryland 20708

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (0), stoting underlying couse

Wolfe

16h SOCIAL SECURITY NO

234-03-1781

PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 71d INJURY OCCURRED 21a. PLACE OF INJURY

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [? Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO I

COUNTY

Morgantown, Monongalia, W. Va.

21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE sow the deceased alive an September 1986, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

19

22d. PHYSICIAN'S NAME LAPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 236. DATE

Hema P. Yadla, M.D.

22e. ADDRESS

ATTENDING

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

9470 Annapolis Rd., Suite 308, Lanham, Md.

23d LOCATION

MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN

Burial 9-23-86 Mt. Union Cemetery FRANCIS GASCH'S SONS FUNERAL HOME, P.A.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld be

4739 Baltimore Ave., Hyattsville, Maryland

-5

22c DATE SIGNED

9-20-86

STATE

7	1-	FOR STATE REGISTRAR		DEPARTA	STATE O MENT OF HEA CERTIFIC		ENTAL HYG		26.	192
-19195		CEASED NAME FIRST		Carl	LAST	YSTER			09 22 86	26 HOUR 2)00P M
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LAND 21	130. 9	AL RESIDENCE (IF NURSING HOLD TATE 136 C P	OUNTY	136 CITY OR TOW Landove	r 13		IY LIMITS?	2360 Vermo	ont Avenu	Se 6785
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DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR HIME RINGS	diFH	11800	New Ha		~ 0	EP 2 5 1986		

873	~		REGISTRAR			CERTIF	CATE OF D	EATH	REG. N	10.		
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S.P. Males S.M. 542 Oxon Hill ad. Gron Mil. M.

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FOR

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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07/84 25M	BP	Bu	rial JNERAL DIRECTOR	Se	pt. 15,	1986 Mary		Jet. Cem	Chelt	enham E		eorge styre Md
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be be		CEASED NAME FIRS	EDWARD	R.		SCOTT		20. DATE OF	DEATH MONTH D	7-86	26. HOUR 5.18AM
4 may be for, page:	3. 56		4. RACE		5. DATE O	DAY	YEAR	6 AGE (IN	M	IF UNDER I YEAR	IF UNDER 24 HRS
oth. Page	1	Male IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		□ NEVER	MARRIED		67 YRS. RECITY OR COUNTY	OF DEATH	
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LAND 212	13a M:		OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW	N	YES 🗌	CITY LIMITS?	13e.STREET / 9981	ADDRESS / ZIP CODE Goodluck		20704
MARY MARY		unknown	MIDDLE	LAST			FIRST	AC .	MIDDLE	unki	nown
IIMORE,			S. ARMED FORCES? YES, GIVE WAR OR DATES) W II	497-16		9981		SER TR	JSeabroo	k MD	20704
ot w. PRESTON ST., B. that the death certifical aby the atending physicians remove carbon page all, crempton, ar remova or other traumfor, events,		Conditions, if any, whis gave rise to immedia cause (a), stating the underlying cause last	DUE TO, O	July 1	the take	ilie	hun	ar			MATE INTERVAL
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN ESTI-DEATH MATED Skinner, Jr. Hugh Lanier 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. DATE 57 YRS PRONOUNCED Dec. 21. DEAD Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED U.S.A. Prince George's County Washington, D.C. DIVORCED WIDOWED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Pepsi Co. Vice President of Upper Marlboro 11801 Fairgreen Lane Sales 13c. CITY OR TOWN 13e. STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? Upper Marlboro YES K NO [11801 Fairgreen Lane 20772 P.G. Maryland 15 MOTHER'S MAIDEN NAME Hugh Lanier Mary Clements. Skinner, Sr. Lavinia 166 SOCIAL SECURITY NO. 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (Wife) Address Same as Korea 579-34-2200 Yes-Army Mrs. Blanche Skinner No# 13. 18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: moselevitic cardir vaneular desease IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 710 EXTERNAL CAUSE WAS 2Th TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY (AT HOME. II LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Z Homicide ___ death resulted from-Natural causes Undetermined manner Suicide EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct. Camp Spgs, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 17 (VR A15 ME (5)) 20M 4/82

10/02/86 Buria1 24 FUNERAL DIRECTOR

Maryland Veterans Cem.

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DATE 9/30/86

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	L OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within the death. Page 4 may be	U DIRECTOR: After this certificate has been signed by the attending physician and completely liked in the funeral director, page 3 toched for use as the burial-transit permit. Then please remove corban papers: Pages 1 bad 2 should be filed within 72 hours ofter death.	e Dept of Health and Mental Hygiene prior to burial, crematian, or removal.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME (TYPE OR PRINT) 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 4. RACE 3 SEX & AGE (IN YEARS LAST BIRINDAM IF UNDER I YEAR Na ucasian TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED 1 NEVER MARRIED ennsylvania POTGE WIDOWED DIVORCED IS CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 26 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY. KVQSCO Havas(USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITU TION GIVE RESIDENCE PEFORE ADMISSION 130 STATE 136 COUNTY ORTOWN 13e STREET ADDRESS /_ZIP CODE 13d INSIDE CITY LIMITS? 20608 Prheol YES T NO L 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. 17 INFORMANT NO OR UNKNOWN) - same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased fram that (we) last and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN PHYSICIAN should be det with the State IMPORTANT: 22e ADDRESS ATHEN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 21d LOCATION (SPECIFY) CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

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Anatomy Board

9-15-86

Removal

24 FUNERAL DIRECTOR

ADDRESS Balto., Md.

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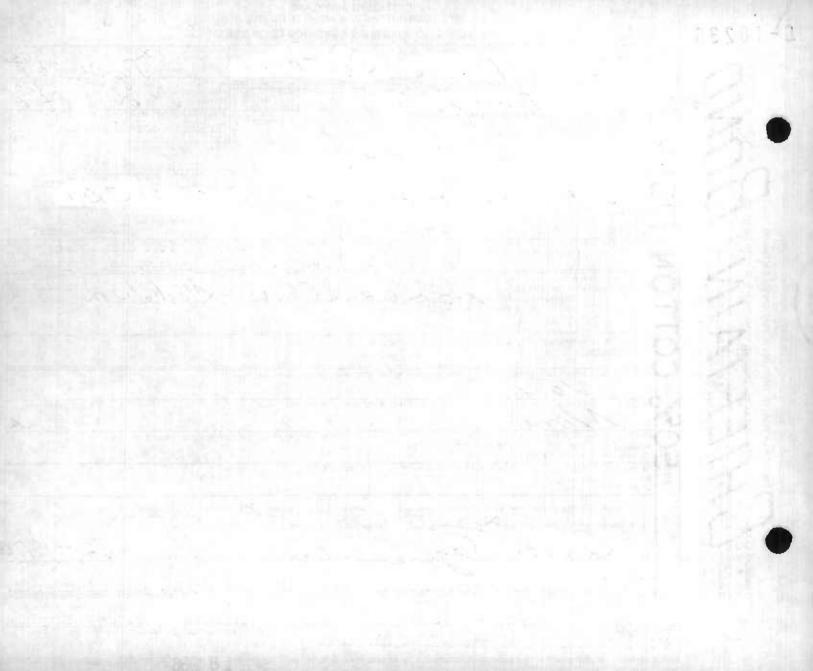
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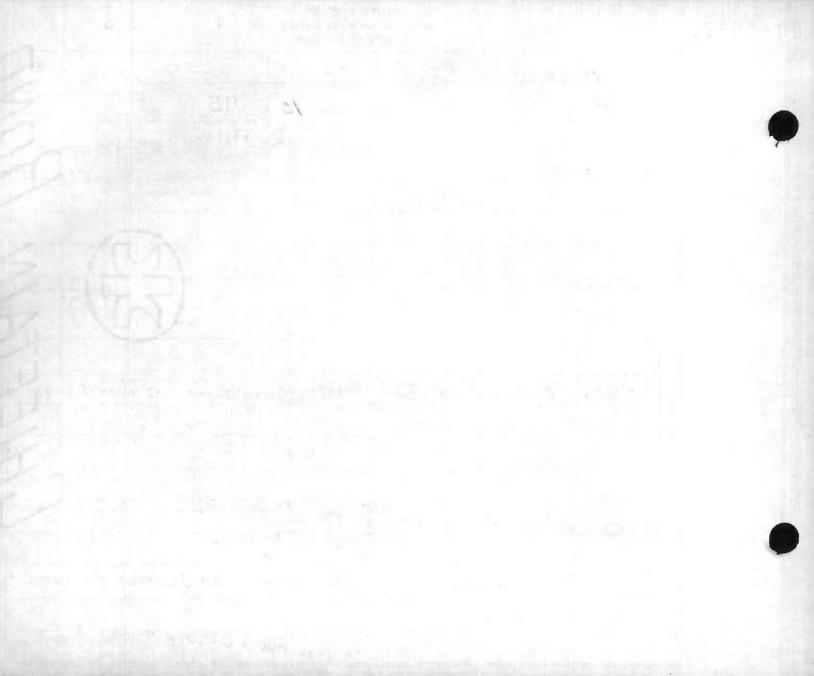
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	STATE OF MAKILAND					
R	DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
ATE						
GISTRAR	CERTIFICATE OF DEATH					

4739 Baltimore Avenue Hyattaville, Maryland 20781

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H		REG. NO.		26	8 1	j,
	OR PRINT)	FIRST	N	NDDLE		AST		TE OF DEATH M		DAY YEAR	26 HOU	
	Car	oline		V.	St	abler	S	eptember	15,	1986	2:16	p. "
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	RTHPLACE (STATE OF FOR	REIGN 76 C	ITIZEN OF	WHAT COUNTRY	8	- NEVER WARRIES	9 BAL	TIMORE CITY OR	COUNT	Y OF DEATH		
	Maryland		USA	A	WIDOWE	D NEVER MARRIED		Prince-Ge	orge	es		ME
	ITY OR TOWN OF DEATH		NAME OF H	IOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a U	SUAL OCCUPATION	N	125 KIND C	OF BUSINE	
	Hyattsville		5		eart H	lome, Inc.	100	sewife	YORKING I	Own H	iome	
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	THER'S NAME	1 11100	0016	00220	50 230	15 MOTHER'S MAIDEN	NAME	17 Fordh	am C		_	20
	Fletcher	P.	Ve	itch, Sr	3/72	Laura		1 Ship		DO.	yle	
ha V	WAS DECEASED EVER IN			166 SOCIAL SEC				ADDRES	S -	10		
	YES, NO OR UNKNOWN)	(IF YES GIVE WAR				17 INFORMANT (Br			5x 5	13 Lexi	ngtor	1 Pa
	NO			220-34-	1932	Fletcher P	. Vei	tch, Jr.	St	. Mary'	s Cou	int
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IFIC							YES	IN CERTIFYING CAUSES OF DEATH?				
ERI	21a. ACCIDENT WAS UNDER	LYING	21b. TIME O			21c HOW INJURY OCC						
	OR CONTRIBUTING CAL				AY YEAR							
MEDICAL	116 INJURY OCCURRED		P./		19	21f LOCATION						
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DHMH - 16 60M 7/84 (VRA 15, 4)

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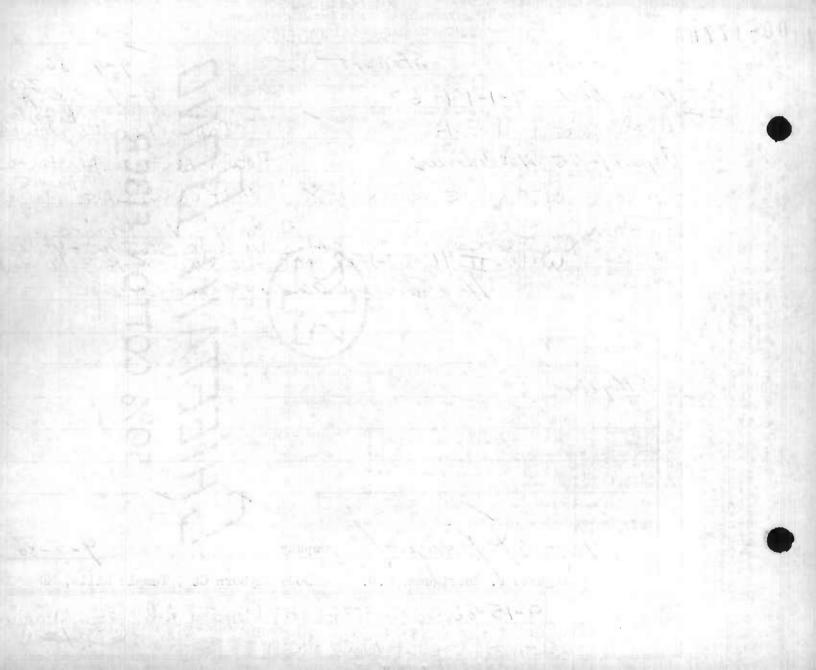
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STATE OF MARYLAND

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	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
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_ 40	Francistila	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ATTHE OPWORK FOR MOST OF WORKING LIFE) INDUSTRY
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BALTIMORE, MARYLAND cote be executed within 24 spicion and campietr. If a pers. Pages are 22 including. wol. it, the medical examenation.	(YES, NO OR JINKNOWN) (IF YES,	GIVE WAR OR DATES) 5 78.03-4559 EHA Themphas Wanthille Va
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gnes n pla burn ny. o		T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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ING No stee	AT WORK	8/2, 6, 9/2, 8/
No o los		spital) attended the deceased from 0/26, 19/36, to 7/7, 19/36, that (I) (we) last on 7/26, 19/36, and that in (my) (aur) appinion death accurred on the date and hour and from the causes stated
Spirte CTO CTO of I of 1	saw the deceased alive above, (1) (we) (did) (did	an
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DIVISION OF VITAL RECORDS.	request transfer to the particular to y injection		CERTIFICATION											
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	DHMH - 16 60M 7/	84	04 51		Colom				1.	Sa. DATE R	EC'D. BY REGISTRAR	25h REGISTR	AP'S SIGNIATURE	
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	Marie S. I.		A6415	•	to wart	DEATH	MATED 4 9-0	9 1986	NA.
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DIVISION OF VITAL RECORDS,	DE EXECUTEI ENDING" IN I WEDICAL EX- AS A BURIAL ALTH AND M CREMATION,		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATE	O TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1 (a).			
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/18	CERTIFICATE SHITTING THE WORDED TO THE CORE 3 SHOULD BE EDEPARTMENTAL	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY					
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	NER: THIS CERT CATE, WRITING FORWARDED OR: PAGE 3 ST THE STATE DEP AND, 21201 PRI		AT WORK AT WORK						
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	M DA DES							11011	
	MENUTE		death resulted fram: Natur	al causes Accident	, Suicide, Homicide	Undetermined ma	nner,		
	8 € 9 € 6 H S			x V/9/.	LITLE (SPEC	IFY)		0 0	07
	3#04E.		SIGNATURE DE LUCIUS	19 1- Mille	NUY Deput	MEDICAL EXAM	INER DATE	7-9-	-86
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	ANORON		(TYPE OR PRINT) Augu	seo . Rout Igue	ADDRESS JOU	9 Rayburn Ct	, rempre it.	TITS, III	<i>D</i>
	TO MEDICAL EXAMINER: THIS CEINE EXECUTE THE CERTIFICATE, WRITHE PAGE 4 SHOULD BE FORWARDED FOR FURE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DEBATTMORE, MARYLAND, 21201	23a.B	JRIAL, CREMATION, REMOVAL 2	3b DATE III NA	OF CEMETERY OR CREMATOR	O AM LOCATION	- 1 A	y 1	4.76m
07/84		K	11010	9-15-86	Vein out month	X. Dungley	Mall D	= 11	
25M	BP	24 F	JNERAL DIRECTOR	202	10. 800	DATE BOY D. BY DECK BOY	255 REGISTRAR S.SIG	CNATURE	MILL
	DHMH - 17	1	NAME DEM	DSG MARINETT XX	TOUR STUDIOS FIL	ALL CONTRACTOR OF THE PARTY OF	1000	The sec	()
	(VR A15 ME (5))		1722	-North Cont	5+, N.W. 100	FP 1 1986	The peritor	- Spire	9
				Washing	Duc -		7_		
				THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					



00-20399	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 8 6 2	6817
oge 3	I. DECEASED NAME FIRST V	ERNELL MIDDLE FRNELL	STOKES STOKES	04	28-86 1000 P
oge 4 mo	Female	Black oct	TÖBER 9,1932	6. AGE (IN YEARS LAST BIRTHOAY) 53 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
de other and a second a second and a second	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	United States WIDO	RIED NEVER MARRIED DIVORCED DI	PRINCE GE	OLBES COMO.
urs offer	10 CITY OR TOWN OF DEATH CLINTON USUAL RESIDENCE (IF NURSING HOME	11. NAME OF HOSPITAL, NURSING HOM (SOT IN SUCH FASHIP), GIVE STREET ADDRESS) OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSING.	and Hosp.	The USUAL OCCUPATION Type of work for most of working life Presser	126 KIND OF BUSINESS OR INDUSTRY private
rLAND 21	Maryland P.(UNTY 13c. CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS / ZIP CODE 4902 Keir Court	20746
MARY and 3	EUGENE	DURHAM	MARGIANNA	MIDDLE	ALSTON
1MORE,	160 WAS DECEASED EVER IN U.S. (YENO OR UNKNOWN) (18 YES, (ARMED FORCES? GIVE WAR OR DATES) 16b SOCIAL SECURITY NO	Dadgi	nter ADDRESS ons-4902 Keir Ct S	uitland,Md.
requires that the death cerren signed by the attending it. Then please remove cortes or to burial, cremotion, or expirity, or other froumatics.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TOONDITIONS CONTRIBUTING TO DEATH-E	E UT NOT RELATED TO THE TERM		N IN PART Ito
TAL RECO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERAT		YES NO YES	
DIVISION OF VITAL RECORDS, NDING PHYSICIAN: The law requir of or attending physician. R. After this certificate has been sig use as the buriol-transit permit. Ther tealth and Mental Hygiene prior to b is marked at Item 18 sfftwys any injury.	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMING 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 220.1 certify that (1) (this has	DEATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) pital) attended the deceased from	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTER refound by the hospito TO FUNERAL DIRECTOR should be detoched for a with the Stote Dept. of H IMPORTANT: If hem 21 is	226 SIGNATURE 226 PHYSICIAN'S NAME (14)	not) view the body offer-death.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR DIPHYSICIAN D	226. DATE SIGNED 2-28-86
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		F CEMETERY OR CREMATORY	23d LOCATION CITYORTOWN metery Suitland	COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR	PE-2617 Pa Ave SE Was	. 25n DA1	GB AND CERTAIN AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSEDAD ASSESSED ASSESSEDAD ASSESSED ASSESSEDA	AR'S SCHATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-19722 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN YEAR LTYPE OR PRINTI OF NECESSARY, PLEASE UNFRAL DIRECTOR. S-FOR YOUR FILES. WITHIN 72 HOURS G. DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHD AY PRONOUNCED DEAD 48 TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Indiana United States WIDOWED DIVORCED Prince George's CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Clinton Engineer Keebler Co. ISUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDE 36 COUNTY 134: INSIDE CITY LIMITS? 13e STREET Kent 15. MOTHER'S MAIDEN NAME NE FIRST MIDDLE ALIDDI P FIRST LAST Glen Stretch Edna West 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES. NO. OR UNKNOWN) LIFYES GIVE WAR OR DATEST 378-38-4747 Deanne W. Stretch, Same as 12 CAUSE OF DEATH (Enter only one couse mer lim for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. c Cardio Vas culo- direase IMMEDIATE CAUSE (DUE TO: OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? F. WRITH RWARDED TO PAGE 3 SHOULD BY VIE DEPARTMENT O VIE DEPARTMENT O YES [NO A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY JATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TO RECURIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inquiry Natural causes death resulted from: Accident Undetermined manner Homicide EXAMINER'S NI TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Grandville Cemetery 10-1-86 Grandville, Michigan 24 FUNERAL DIRECTOR Cook Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH 17 4235 W. Prairie Street, Grandville, MI 49418 (VR A15 ME (5))

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CERTIFICATE #86-26823



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0.0	10022	STATE OF MARYLAND FOR 1 - STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.)
00	19933	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
	noy be	Jennie Thomas 09/28/86 3:20	PM
		3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HRS MONTHS DAYS MOUNTS MIN	
	ge 4 octor	Female White 9 03 1884 102 YRS	
	oth. Po	76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
	he fune within	West Virginia IISA WIDOWEDY DIVORCED Prince George M	R.
10	by the filed will be	Clinton (IF NOT IN SUICH FACILITY, GIVE S [REE1 ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NOUSEWIFE	``
BALTIMORE, MARYLAND 2120	24 hours	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138. STATE 138. COUNTY 138. CITY OR TOWN 138 INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE 8302 Bernard Drive	4
YLA	the Shape	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	_
AAR	Par de de	FIRST MIDDLE LAST FIRST MIDDLE LAST William Carpenter Unknown	
RE,	ol ol	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
WO	Fog P	YES NOOR UNKNOWN)	
ALTI	4 8 4 4		=
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.		18 CAUSE OF DEATH HEnter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	-
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	∑ 6 ⊢ 2 3 ≤/	23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR IOWN COUNTY STATE	
	BP	Burial Oct.1,1986 St. George Methodist St. George island	
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	(VRA 15, 4)	W. Clarke Mattingley Leonardtown, Md. OCT 03 1986	DIV

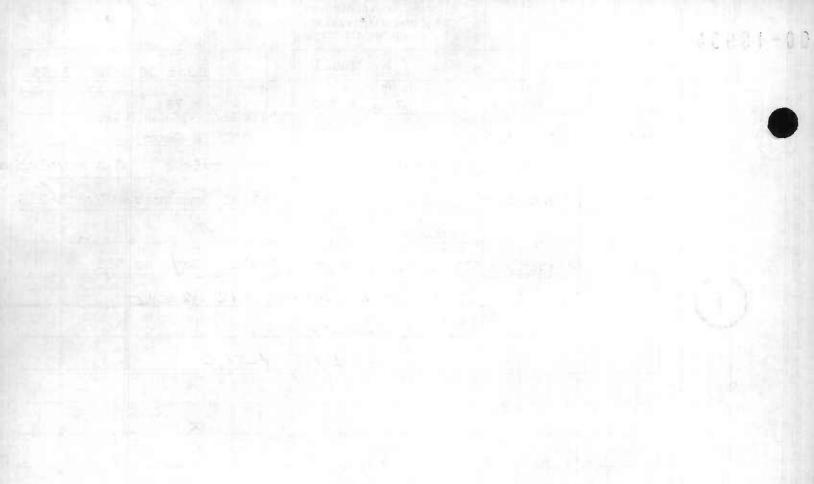
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		URIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
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	(AKM 13, 4)	12	cerif VI Mer	TILCHARICI ICI, I	a. LEJOE	O I							

14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE FATLISE Ed.	A 1986 DAY YEAR 23 HOUR 9:15 23 1986 A M Y S COUNTY MD 125 KIND OF BUSINESS OR INDUSTRY GOV't Road, #926 LAST LOOPHER AVE.								
Albert Eugene Toomer J. SEX Albert FRS1 Albert Funder of Birth Day Year Male J. Date of Birth Day Year J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Male J. Date Marked St. Date of Birth Day Year Marked Days If June 24 Hrs. Jr. Date Death Marked St. Date Marked Days Marked Days Prince George J. Brithplace (slate o. Joseph Country) J. Days Individual Days Marked	1986 M DAY YEAR 2d HOUR 23 1986 A. M NTY OF DEATH S COUNTY MD 12b KIND OF BUSINESS OR INDUSTRY GOV't Road, #926 LAST LWARDS LAST LOPHER AVE. TO, Md APPROXIMATE INTERVAL								
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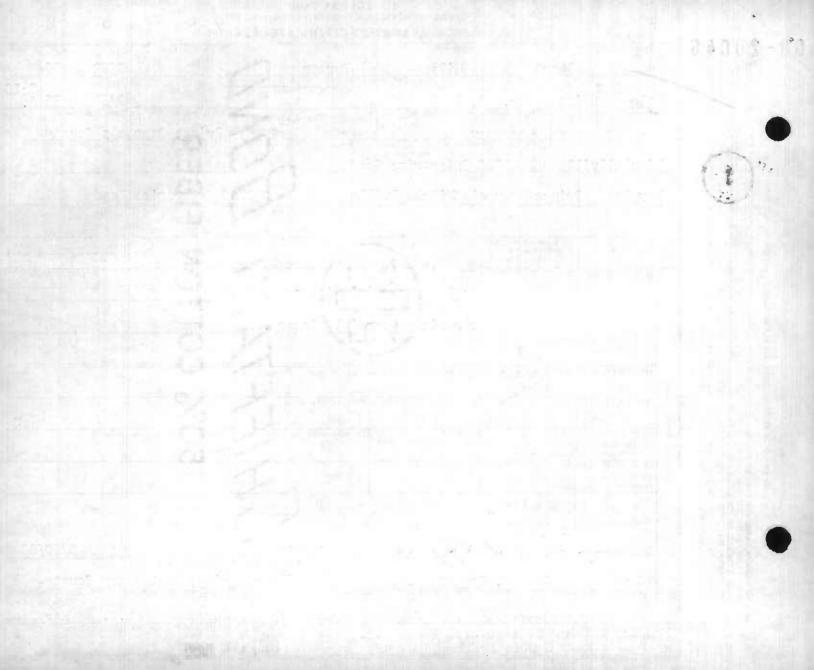


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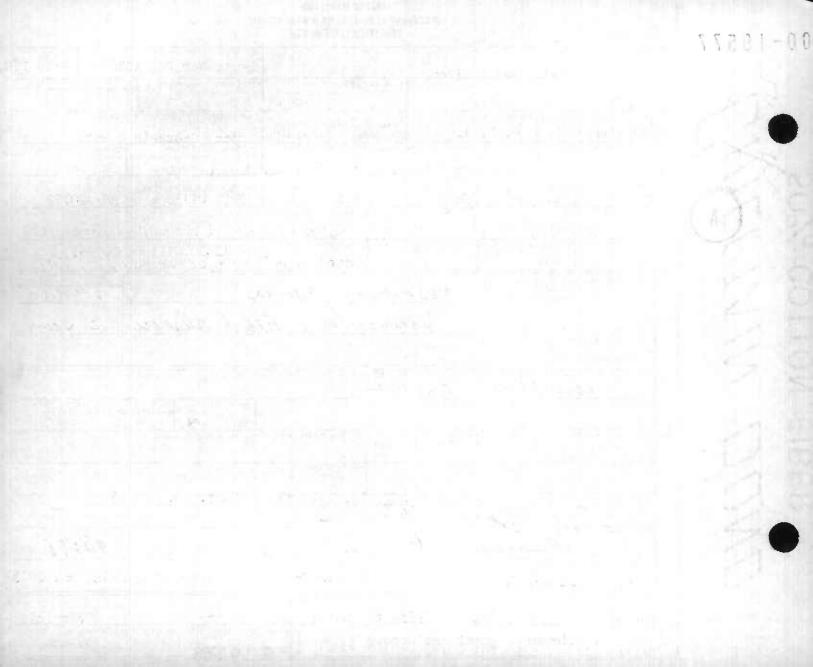
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) Marcus DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 11/3/19 66 YRS. TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEA NEVER MARRIED FOREIGN COUNTRY) DIVORCED Prince Geo. County WIDOWED Maryland 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Engineer Hospital Lanham Doctors Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5-G Ridge Road 20770 Greenbelt Md. Pr. George NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marcus W. Volk 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 5-G Ridge Road 220-10-9264 Greenbelt, Md. Mrs. Ruth Volk APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause of BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY is selection andioz IMMEDIATE CAUSE (c Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OF TOWN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 97 PAFER DEATH THE STAFF DEATH OF STAFF DEATH ON THE STAFF 220 I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Hamicide M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 9-27-86 Removal 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Anatomy Board Balto., Md. (VR A15 ME (5))

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	4 50	5	BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
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1	2	2	CITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	NG HOME OR ADDRESS)	OTHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR		LIFE) INDUSTRY	F BUSINESS OR
102	44	2	Lanham SUAL RESIDENCE IF NURSING HI	AMI Do	ctors' Ho	sp. of	Pr. Geo. Co	Housewi	fe ·	Own H	Iome
021	-	1	3a STATE 13b	COUNTY	13c CITY OR TOV	VN 13	d INSIDE CITY LIMITS?		RESS / ZIP CO	DE	
IAN			Maryland P	r. Geo's	Upper Mariboro	11	YES NO O		illough	aby Rd/2	20772
BALTIMORE, MARYLAND 2120	T LES AVE	27	(Unkn	WIDDIE	LAST		(Unknown		Inknown)	(no	ee Star)
RE, A	V	7	60 WAS DECEASED EVER IN U	S. ARMED FORCES?	16b SOCIAL SECT	URITY NO. 1	7. INFORMANT	1200	ARDRESS	(116	e Stall
WO	n ond Poge	11	(YES, NO OR UNKNOWN) (IF	res. GIVE WAR OR DATES)		S	amuel A. Wa	1383	Willow Marib	oughby Ro	1.30772
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N Z	ding orbo or re		IMM				-		,		
STC	steath		Conditions, if ony, whi	ch (16)	A A	turos	clastic 1	4lart 0	Mesers	x 2	year
W. PRESTON ST	the o		gove rise to immedia couse (a), stating t	te	OR AS A CONSEQU						
	thot d by eose ol, cr		underlying couse lo	st. (c)_	34 A0 A COMOCOO	2					
5, 20	gne gne en ple burin		PART 2 OTHER SIGNIFIC		ONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE OF	CONDITION	GIVEN IN PART III	0
200	requirements			con A dilv	5xc	esi					
REC	low ermi e pri	9	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY		YES, WERE FINDIN TIFYING CAUSES	
AL	sicion ote ho nsit p ygien show		æ l	10.00	OF BUILDING	1.			N N	YES [NO []
>	Z & COI W		00.000.000.00.00	110000	OF INJURY A.M. MONTH D	AY YEAR	Tr. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM 1	8 PART I OR PART 2)	
0 2	ding ph ding ph is certifi buriol-ti Mentol		(IF EITHER NOTIFY MEDICALEX	AMINER) P	P.M.	19					
DIVISION OF VITAL RECORDS, 201	PHY tendi the bund w		21d INJURY OCCURRED WHILE NOT WHILE	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	II LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
2	After of or of or of or of or of or of or		AT WORK AT WORK			A110	0, 19.86	Sent	26.	1,86	
7	DR: USE		22a. I certify that (1) (this sow the deceased ali	hospital) oftended to	he deceosed from	Aug. Z		sept.		, 19,	that (I) (we) lost
	ATT ospid ed fo ot. of		obove, (I) (we) (did) (e	did not) view the bod	y after deoth.		that in (my) (our) apinio				
	the h		Donn G	n la la	KINNA Na	ural &	D ATTENDING	ed by Dr	. A. Di	XOD 22 DATE	SIGNED
	by the by	7	22d. PHYSICIAN'S NAME	TYPE CRARIES	000000		PHYSICIAN Re ADDRESS	DIRECTOR F	HYSICIAN []	110	11 1 6
	TO HOSPITAL retained by the TO FUNERAL should be detained by the Stote with the State IMPORTANT.		Roger Ing	ham. M.D.			6510 Kenil	lworth Ave	nue.Riv	erdale.	Md. 20737
	Sho of short	7	30 BURIAL, CREMATION, REMO		1 22.	NAME OF CEN	ETERY OR CREMATORY			,	
	BP	l'	(SPECIFY) Burial	9/30/				CITY OR TO	WN	COUNTY	STATE
		2	4 FUNERAL DIRECTOR				Nat'l Cem.	Arling ATE REC'D. BY REGIS			<u>/irginia</u>
E	OHMH - 16 60M 7/8 (VRA 15, 4)	14	Richard A. Col	eman Ur	per Maril	boro,		n 0 0 400		idean 1	



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CERTIFICATE #86-26835



2	FOR		DEPARTM	STATE OF MARYLAND INT OF HEALTH AND MENT	AL HYGIENE 8 6	2 6	8 3 6
10-18415	- STATE REGISTRAR			CERTIFICATE OF DEAT	H	G. NO.	
7	I. DECEASED NAME	FIRST	MIDDLE	LAST	2a. DATE OF DEA	TH MONTH DAY	YEAR 26. HOUR
4 50	NORA		V	MAITS	4-6-	86	17 PM
4 14	3. SEX	4. RACE	, ,		EAR	AST BIRTHDAY) IF UNDER	DAYS HOURS MIN.
- 11	To. BIRTHPLACE (STATE O	R FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	938		YRS.	ATH
V116-25	Battemer	enul (45.	MARRIED NEVER MARRI	ED P	J. Cour	A MO.
The state of the s	IN CITY OR TOWN OF D	M CILIA	CH FACILITY, GIVE STREET AL	mulalecent	ON 120 USUAL OCCU		NONE
	130. STATE	RSING HOME OR OTHER INSTITUTION 136 COUNTY	ISC. CITY OR TOWN Hillcrest			ess aither St.	20748
1200	14. FATHER'S NAME	MIDDLE	Burley	15. MOTHER'S MAII FIRST Armal	MID	DLE (1	unknown)
H and the	John	R IN U.S. ARMED FORCES?	166 SOCIAL SECUR		I. B.	DDRESS 2019 (Gaither St.
OW I Soo of	I ES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	578-66-8	793 Evelyn W	. West	Hillcres	t Hts. MD
ST., BAL physical on poper emovel.	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardio	Pul no	any Ar	rent	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
STON seath of seath of seath sometic	Canditians, if an		OR AS A CONSEQUEN	CE Opin Din	foretro	2	
by the a by the a correman L. cremat	gove rise to in couse (01, sto- underlying cou	nmediate	ORAS/3 CONSEQUEN	CE OF Jelen	The Hen	1 Pm	un
RDS, 20 equires 1 equires 1 Then ple rao burso rejury, or		SHIFICANT CONDITIONS C	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR	CONDITION GIVEN IN F	'ART Ita
W BECO	190 DATE OF OPER	ATION 196. CONE	DITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY	IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
OF VITA CLAN: T Clan:	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	OCCURRED (ENTER NATURE C	FINJURY IN ITEM 18 PART I OR	PART 2)
IVISION TO PHYS The this or The this or The this or The this or	21d. INJURY OCCU	RRED 21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, FAR	211 LOCATION	CITY	OR TOWN COL	UNTY STATE
TTENDRA TTENDRA TOF At for vice a of Health	220 I certify that (I) (this haspital) attended t	19 8	5	apinian death occurred on	the date and hour and fr	am the causes stated
A MARKET	226. SIGNATURE	Total falls flot i view the boo	y oner geom	DEGREE			. DATE SIGNED
15 to	I IK.	mac,	~~		DING MEDICAL CIAN MEDICAL PI	STAFF HYSICIAN [9-7-86.
O HOSPI december by contract the Side t	220. PHYSICIAN'S I	NAME (TYPE OR PRINT)	STABI	270 ADDRESS	26 TIA	n no	(20748
Et Hasa	230. BURIAL, CREMATION			ME OF CEMETERY OR CREM			Y STATE
BP	Burla	ROLLINS FUN		nceln Memorial		nd Prince G	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR	4339 HUN	T PLACE, N.	E	SEP 18 198	RAR 236. REGISTRAR'S S	

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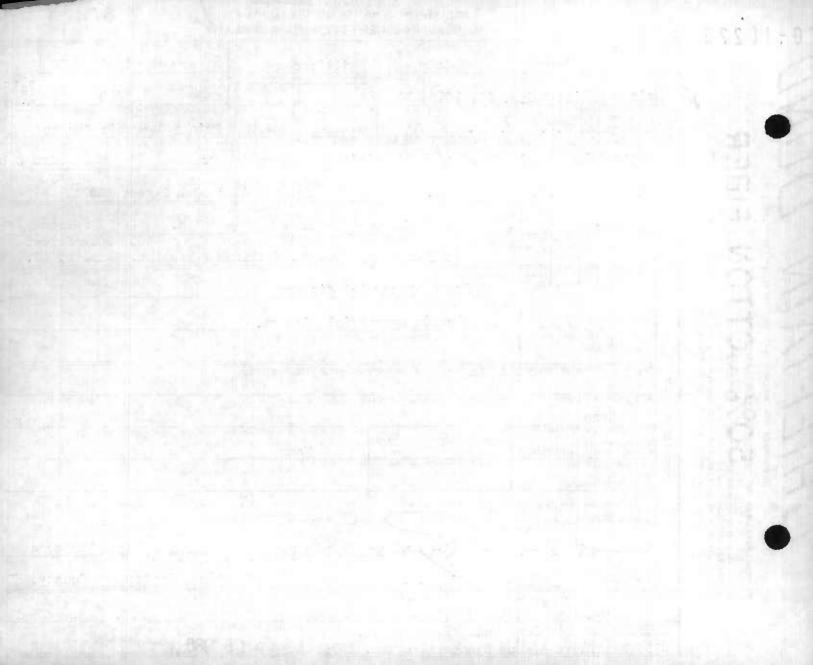
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AND THE PERSON OF THE PERSON O

10-	18962		FOR - STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 6 6 2 6 6 3 8
	oth oth		CEASED NAME FIRST MAG(GIE M.	WIGGINS	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 09-19-86 12 42P
	moy be poge 3	3. SE	х	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	Poge		Female	Black	Sept. 15, 1920	The state of the s
	oth. 6		RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	U. S. A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S COUNTY
10	s offer de soffee de montre de montr	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE 120. KIND OF BUSINESS OR INDUSTRY
212	d in be f	USU 130.	AL RESIDENCE (IF NURSING HOME STATE 136 COL			130-STREET ADDRESS / ZIP CODE
YLAND 21201	hun 24 should		Md. P.	G. Land		2111 Va. Ave. 20785
IAR	J with		FIRST	MIDDLE	FIRST	MIDDLE
Ë, N	Cuted Cuted		illiam was deceased ever in u.s. a	RMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS
MOR	n and c Pages	1		GIVE WAR OR DATES)		discript 2111 Was News
ALTI	te be		NO IS CAUSE OF DEATH (Enter	anly ane cause per Vine for (a):		/ APPOXIMATE INTERVAL
8	phys phys pop mov vent,		PART I. DEATH WAS CAUS		ralory Distress	Syndame.
Z	ding orbo		IMMEDI		/)/10/00/12
PRESTON	ation, a		Conditions, if any, which	DUE TO, OR AS A CON	1 1 0 1 01 1 a 1/ V	neumanites
PR	the o		gave rise to immediate couse (a), storing the	DUE TO, OR AS A CON	PHIENCE OF A A	
3	thot d by eose ol, cr		underlying couse lost	(c) /2	issiella	
5, 20	signed signed of buriol	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OF CONDITION GIVEN IN PART 110
ORD	en sie The or to	ě	Coronary G	rley Wsean	- Constitute of Ever	I lusufferency,
DIVISION OF VITAL RECORDS	he law on. has be t permit	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED YES NO YES NO NO
VIT	Cote ronsit Hygie 8 Sh	G.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
10	PHYSICIA this certif he buriol-t nd Mental	3	OR CONTRIBUTING CAUSE OF D	LAIN .	19	
0 NO	PHYS the burner ond Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN COUNTY STATE
N N	Viter the os the orked	2	AT WORK NOT WHILE AT WORK			
-	DR: A DR: A Heol			pital) attended the deceased t	ram 8-94 19 8	2 , to 9 19 6 , that (I) (we) last
	1 d 1 d 2			of view the body after death.	19 86 , and that in (my) (our) opinia	n death occurred an the date and haur and from the causes stated
	OR A DIREC Oched Dept.		226/SIGNATURE	140	DEGREE	MEDICAL STAFF
113	4 4 40 (0)		1, was Just		PHYSICIAN	DIRECTOR PHYSICIAN
	FUN Puld by the		K'SINGH	OR PRINT)	4700 AUT	h place Suitland Md 20746
	5 € 5 € ¥ ₹ +		BURIAL, CREMATION, REMOVA	L 23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION
	BP		Burial	9-25-86	Ft Lincoln Cem	Brentwood P. G. Md.
	DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR T. C	. Pinckney	25a D.	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VRA 15, 4)				4 - 8th St.N.E St	D 23 1006 Falia Daviden Randall

	1/	1						MARYLAND	63	15	100
	X		FOR STATE			DEPARTMENT O			-	6	0 0 3 9
		1	REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE		REG. NO.	
U U -	18393		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE	KNOWN MO	TH DAY YEAR 26 HOUR
0	2000年代数月			BRUC	E	LEE	WI	LLIAMS	DEATH	MATED 8-	31-86 19 M
100	新り出る第	1. SE)		4. RACE	5 DATE OF BIRTH				R 24 HRS. 2c DATE	MON	TH DAY YEAR 24 HOUR
X	NA STATE	Ma	ale	Black	03-02		YRS. MONT	HS DAYS HOURS	MIN PRONOUN DEAD		31-86 19 8-37A
UL	SELECTION OF THE PERSON OF THE	I a BI	RTHPLACE (ST		76 CITIZEN OF W		11		9 BALTIM	ORE CITY OR CO	
	SASSET /		ist of	Colum.	U.S.	Δ	WIDOV	IED NEVER MAR	-		la County
	ZZSSE -		TY OR TOWN (SPITAL, NURSING HO				PATION (TYPE OF WO	e's County MD
1	FEREN	la.	1 TT			Lane Apt.	103		FOR MOST OF WOR	RKING LIFE)	OR INDUSTRY
10	ABEZINE 7			ITS.		GIVE RESIDENCE BEFORE ADMIS			Brick	Mason	Private
(Ug	AND 3 TO SETAIN	13a S	TATE	136 COUN		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?			99991
1	= 2200 -		O. C.			Washing	ton	YES Y NO L	THE INC	wton St	. NW.
W	ESTH. ESTH.	1	FIRST		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	AIDDLE	LAST
BALTIMORE,	005 00 -	14 1	James	EVER IN U.S. ARA		William	ıs	JDbris		.50055	Jones
MI W		100. V	ES, NO, OR UNKNO	VN) IF YES, GIVE	WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT		^Washi	ngton, D.C.
IV IV	₹>+000		Yes	13/68	-3/70	579-62-	3235	Doris B	rooks,14	08 Newb	on St. NW.
	7837.0	1.1	18 CAUSE OF	DEATH (Enter onl	y ane couse per lin	e for (a), (b), and (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST			AKTIOL		E CAUSE (a)	intraveno	us na	rcotism			
STC	CIL IN IT CIL IN IT NER ALC ANSIT P AL HYGI				DUE TO, OI	R AS A CONSEQUENC	E OF				
2	CIL IN CIL IN ANSI AL H			s, if ony, which	(b)						
201 W.	XAMIN XAMIN AL-TRA MENTA NO. OR		cause (o) lying caus	stoting the under-	DUE TO, OI	R AS A CONSEQUENCE	E OF				
	S S S S S S S S S S S S S S S S S S S		ly my coo	1031.	(c)						
RECORDS	A A B S C C C C C C C C C C C C C C C C C C		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO GEATH	H BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN I	ART 1 to		
8	D BE EXEMPLED BE EXEMPLED BE EXEMPLED BE AS A BUTCALLED BE AS A BU	NO									
ec	HOUID BE EXECUTED V PENDING". IN PEN PIEF MEDICAL EXAM PIEF AS A BURIAL. T CF HEALTH AND MEN PIAL CREMATION, O	CERTIFICATION	19a. DATE OF	OPERATION	196 COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?
¥.	子答呈記字書	E			100						YES P NO
DIVISION OF VITAL	THIS CERTIFICATE SHE WARDED TO THE ID PAGE 3 SHOULD BE TATE DEPARTMENT O	1 8		L CAUSE WAS	216. TIME O	OF INJURY M. MONTH DAY YE	21c H	OW INJURY OCCURE	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	
NO	SECONTAL SECONDARY	N X	UNDERLYING	AMOR IG ☐ CAUSE OF D				ject used	drugs		
/ISIO	ERTING SHAPE	MEDICAL	21d. INJURY O	CCURRED	21e PLACE	OF INJURY (AT HOME,	211 LC	CATION			
Sec.	ARIT OF SOL	1	WHILE D	NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, ETC.)		STREET	CITY OR TO	WN	COUNTY STATE
	E, WRI RWARD PAGE STATE 1, 21201							v			
	A A B B B B B B B B B B B B B B B B B B					escribed obove, held on	Autop		on . Inquiry	L. ond in m	y opinion
	SECTION SECTIO		deoth resulte	d from: Natur	al causes 🔲,	Accident	Suicide	, Homicide L.	Undetermined mi	anner 1	
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	E SET SET SET SET SET SET SET SET SET SE		SIGNATURE_	111	and of			1.D. A551.5Ca	MEDICAL EXAM		GNED
	A SANGE	4	EXAMINER'S	NAME	//	W D		ADDRES 11 Per	on Street		
	PAGE PAGE AFTE BAFTE	22.5	(TYPE OR PRIN			ane, M.D.					
and	1000	230.B	PECIFY)	ION, REMOVAL 2		23c. NAME OF C			23d LOCATION CITY OR TOWN		COUNTY STATE
1 17 las	BP 77	74 F	BU:	rial	06Sept8	6 Washir	igton	Nationa	llSuitla	nd (PG)	Maryland
1 1	DHMH - 17		NAME		ADDRES	3619-14th	St.	, NW DATE	REC D. BY REGISTRA	REGISTRAR	3 SIGNATURE
	(VR A15 ME (5))	Li	awrenc	e W. Pl	unkett,	Inc. Was	sh.,	D.C.DEF	1 300 4	Ma Daridios	n-Radaes

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		1-	FOR STATE		C	EPARTMENT OF	HEALTH AND	MENTAL HY	GIENE (2 6	3 4	U
0-18	228		REGISTRAR		WED	ICAL EXAMIN	IER'S CERTIF	ICATE OF	DEATH	REG NO			
0 - 10	220		CEASED NAME	FIRST		MIDDLE	LAST	-	20 DATE	KNOWN X	MONTH 0	AY YEAR	26 HOUR
18	× × × × ×	{ TYP	E OR PRINT)	Henr	v N	elson	Willia	me	OF DEATI	ESTI-	9/12	1986	
E A		3. SE>	(]	1 RACE	S DATE OF BIRTH	6 AGE (IN YE					MONTH D	AY YEAR	2d HOUR
2	JR C		4-1-	111.2.4.	MONTH DAY	YEAR LAST BIRTHD	AY) MONTHS DAYS		MIN PRONOL	JNCED	0/10	06	7:12
AR	N N N		lale	White	Sep. 22,		RS.			MORE CITY O	9/12	1986	IA. M
THE SE	S S E E	7 FO	REIGN COUNTRY)			AT COUNTRY?	MARRIED X			-	_		
Ä	E FUNERAL DIRECTOR. S FOR YOUR FILES. ED, WITHIN 72 HOURS I HRESTON STREET,	: W	ashingt	on, D.C.			WIDOWED [DIVORCED	Pri	nce Geo	rge's	County	MD
× ×	出る音楽	3	TY OR TOWN O		LIE NOT IN SUCH FAC	ITAL, NURSING HOMI	,		120 USUAL OCC	ORKING UFFE	E OF WORK 126	OR INDUSTR	
\$	STOTHER AIN PAGE S TO BE FILED.	1.5	ly'attsvi					Avenue	Cab Dri	ver	B1	ue Bir	d Cab
6 ≥	A P P		AL RESIDENCE (IF IN NURSING HOME		RESIDENCE BEFORE ADMISSI		E CITY LIMITS?	3e STREET ADD	DESS	Co	mpany	
21201 ANY	AND		aryland	P.G	•	Mt. Raini	er YES 🔀	NO D	4008 30	th Stre	eet 20	712	
	A ARSIN	14. F/	ATHER'S NAME				IS MOT	HER'S MAIDEN	NAME				
	5345		Willia	m	MIDDLE S.	William		nna		M.		Nelson	
AO SO	FORWAY FORWAY ON OF	160 V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT		_		ADDREA9	008 30t		
BALTIMORE S AFTER DEA	SIGES	N.	ES, NO, OR UNKNOY	VN) (IF YES, GIVI	E WAR OR DATES)	225-28-40	80 Ann	T. W:11	Liams (W				
RS A	WITH WITH IT. PAG DIVISI	-		DEATH /Enter D	nly one cause per line	<u> </u>	00 11111	H. WITT	LICANO (N	110) 111	C. Rali	APPROXIMATE	
ST.	A KELL		PARTIDE	ATH WAS CAUSE	D BY:	cute myocar	dial dic	0.200			4	BETWEEN ONSET	
ON 24 H	A SHEET SEED			IMMEDIA	LE CHOOL (O)	AS A CONSEQUENCE		ease			-		
William S. Williams Anna M. Ibb. WAS DECEASED EVER IN U.S. ARMED FORCES? Ibb. SOCIAL SECURITY NO. 225-28-4080 Ann L. Williams (Wife) Mt. Reserved to the forces of the following of the forces of the force of the following force of t													
A LIN	R TAL		gave rise	e to immediate	(b) L			isease.					
ED W	Ser - A Ser		lying caus	stating the <u>under</u> e last.	DUE TO, OR	AS A CONSEQUENCE	OF						
5, 2 CUI	S S S S S S S S S S S S S S S S S S S				(c)								
RECORDS,	A A B A A	~	PART 2 OTHER SIG	NIFICANT CONDITIONS		UI NOT RELATED TO THE TERM	IINAL OISEASE OR CONDIT	TION GIVEN IN PART	1 10 .				
ECC 38E	AL SEED	ě			None					0.00			
NL RE	いいという	CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ON FOR WHICH OPER	PATION WAS PERFO	ORMED?			2	0 AUTOPSY?	
SE SE	N N N N N N N N N N N N N N N N N N N	E		ne								YES	NO X
OF VITA	AEN BENEFIC	8	210 EXTERNAL		21b. TIME OF	INJURY MONTH DAY YEAR	21c. HOW INJU	RY OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 I	PART 1 OR PART 2)	3	
	E O SE &	3	UNDERLYING CONTRIBUTIN	G CAUSE OF		19		None					
DIVISION	Par Separation	MEDICAL	21d INJURY O			FINJURY (ATHOME,	21f. LOCATION						
IS O	TE, WRITING THE WOR RWARDED TO THE CI- PAGE 3 SHQUID BE STATE DEPARTMENT (), 21201 PROR TO BUIL	2	AT WORK	NOT WHILE]	PRT, FARM, ETC.)	STREET		CITY OR I	OWN	COUNTY		STATE
≐	STA STA				(a) 1	2 1 1 1 1 1		Inspection	[Y]				
2	ECERTIFICATE, DUID BE FORV L DIRECTOR: P H, WITH THE SI MARYLAND, 2				ge of the remoins desc		Autopsy .				d in my opinio	n	
- W			death resulte	d fram: Natu	rol causes 🔏 .	Accident L. Su			Undetermined i	nanner,			
M M	\$ \$ \$ B \$ \$		ACTUAL	1	11	Carro.		(SPECIFY)			DATE	0/10/	
3	E SE		SIGNATURE	20 ==	-	W.	M.D. DE	eputy	_MEDICAL EXA	MINER	SIGNED_	9/12/8	36
WEDI	E S		EXAMINER'S	JAME JOI	n S. Roger	MD		Silver	Seminary r Spring	Kodu	a om o viv	Counts	MD
5	EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BALTMORE, MARY	22 5	TYPE OR PRIN	ION, REMOVAL			METERY OR CREMA			, 130H C	gomery	county	עויו נ
	mr = 4 m	230.B	PECIFY)						23d. LOCATION CITY OR TOWN		COUNTY	STA	TE
07/B4 B	P	24_51		rial	09/15/86		coln Cemé		Brentwo	AD DEC DEC	P.G.	Mary1	and
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(VF	R A15 ME (5))	4	739 Bal	timore A	Venue Hyat	tsville, M	d. 20781	SEP	1 8 198	D Hand	Andrew American		



0-17770	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE CERTIFICATE OF DEATH REGISTRAR TEASED NAME FIRST MODIE LAST TABLE OF DEATH MONTH DAY YEAR 126 HOLDS									
o m £	I. DE	CEASED NAME FIRST	ATH MONTH	07	YEAR 86	7 05PM					
moy b	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UND	DERIYEAR	IF UNDER 24 HRS
Tre de 4		Male	Cauc.		Jan			YR			MIN.
leoth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)		· A .	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE PRINCE	GEORGE			Y MD.
by the fu	/1	HEVERLY	(IF NOT IN SU	JCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST			DUSTRY	ired	
34 hono	Nd.	Pr	OUNTY	131 CITY OR TOWN Lanham		13d. INSIDE CITY LIMITS?		RESS / ZIP CO	DDE La	ne	20706
omplet and 2 st	14 F	Alfred	WIDDLE	Wilson	1	15 MOTHER'S MAIDEN NO. FIRST Mary		IDDLE	A	llen	1
n and co		WAS DECEASED EVER IN U.S. (1F YES NO OR UNKNOWN) (1F YES	ARMED FORCES? S. GIVE WAR OR DATES)			Louise M.	Wilson				ler Lan
he low requires that the death certifican. In has been signed by the attending philippermin. Then please remove carboing in permin. Then please remove carboing near prior to buriol, cremation, or removes only injury, or other troumatic every	CERTIFICATION	18 CAUSE OF DEATH LENTE PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse to immediate the couse the couse to immediate the couse to immediate the couse to immediate the couse to immediate the couse th	DIATE CAUSE (0) DUE TO, ((b) DUE TO, (DUE TO, (OR ASJA CONSEQUE	NCE OF	513 kept	MINIT DISEASE O	79b. IF	YES, WE	RE FINDRA	IGS USED OF DEATH? NO
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P	10	SPECIFIC	Sept.	9.1986 T	.00 (rematory rematory	23d EOCATIC CITY OR T Washi	naton.	D.(Av	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNERAL DIRECTOR Rend	on/Hale	Lanham	Fune	ral Home	1 1000			SIGNATION	

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CHINTON SUCH FACILITY, GIVE STREET ADDRESS) WOULD FACILITY, GIVE STREET ADDRESS) WOULD FACILITY, GIVE STREET ADDRESS) HOSPITAL Tron Worker Consider the Northern Institution, GIVE RESIDENCE FOR A AMISSION) 134. INSIDE CITY LIMITS? NOXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	MD. OF BUSINESS OR
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Male Caucasian Sept. 20 1906 80 YRS. MONTHS DAYS ARRIED ARRANGED North Carolina USA WIDOWED DIMORED	MD. OF BUSINESS OR
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15. MOTHER'S MAIDEN NAME	607
William Lison Anne Long	est
ADDRESS	
16. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 220-09-9769 Eugene P. Wilson - same as 1	3
	NONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	10,
NO THE CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE CONDITION FOR WHICH OPERATION FOR WHICH OPE	INGS USED S OF DEATH?
TO SOUTH TOUR A.M. MONTH DAY YEAR	
TO THE PROPERTY OF THE PROPERT	STATE
220.1 certify that (I) (this hospital) attended the deceased from 9/19, 19 6, to 925, 19 6 saw the deceased alive an 924 196, and that in (my) (ww.) apinian death accurred an the date and hour and from the above, (I) (ww.) (did not) view the body after death.	, that (I) (we) last e causes stated
222. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH	2586
OF OFF AT TOTAL TOTAL TOTAL AND A STON F. THE) AS HING FOR
236. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BP——BUTial 9-27-86 Cheltenham Method. Cheltenham Pr. Gr	STATE
BPBurial 9-27-86 Cheltenham Method. Cheltenham Pr. Go DHMH- 16 60M 7/84 (VRA 15, 4)	eo Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY) Burial

230. BURIAL, CREMATION, REMOVAL

9/29/86 Union Cemetery

23b DATE

Burtonsvi 25a DATE REC'D. BY REGISTRAR 23b, REC

Cayling Chicago Santalanda assis . I was a market .

William to the state of the sta

20-10020	STATE OF MARYLAND FOR 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
0-19628	REGISTRAR REG. NO. I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b HOUR
e e e e	TYPE CORPRING ARBARA J WISE Sept 20 86 1025PM
moy be poge 3	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS
ge 4	Female White June 19 1934 52 YRS. MONTHS DATS HOURS MIN.
1 11 76	70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.
	Pennsylvania USA WIDOWED Prince George MD.
. 1186	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Clinton 12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (ITYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOME
MARYLAND 2120 Cathin 24 hours Content of the file	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c. STREET ADDRESS / ZIP CODE 6606 Gateway Blvd 20747
MARY MARY	15. MOTHER'S NAME unobtainable 15. MOTHER'S MAIDEN NAME FIRST unobtainable LAST LAST LAST
ALTIMORE,	16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 577-54-8664 Nellie Weston Same as #13
201 W. PRESTON ST., BA es that the deoth certificate led by the attending physic please remove corban pape rial, cremotion, or removal , or other troumotic event, t	B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
ECORDS, ow require been sign mit. Then prior to bu	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 MEANS BRONCHO PREMINE AND PREMIN
DF VITA JAN: Th physicio rificate I of-transit tol Hygie	LOR CONTRIBUTION CONTRIBUTION HOUR A.M. MONTH DAY YEAR
DIVISION OF VITAL RI DING PHYSICIAN: The Id or offending physician. After this certificate has se as the buriol-transit per ofth and Mental Hygiene marked or them it shows	OR CONTRIBUTING MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT W
TTENDI pital or JOR: A for use of Heal	22a.1 certify that (1) (this hospital) attended the deceased from TULY, 19 6, to S.P. T. D., 19 6, that (1) (we) lost sow the deceased olive an S.P. T. D., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
TO HOSPITAL OR A retained by the hos, TO FUNERAL DIRECT Should be detached with the State Dept.	226 SIGNATURE DEGREE M D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
Show with With MAP	THER CHPONE NO
BP	236 BURIAL, CREMATION, REMOVAL BURIAL, CREMATION, REMOVAL 25Sept1986 Washington National CHYOLOGIA COUNTRY AND COUNTRY Washington National CHYOLOGIA COUNTRY AND COUNTRY WASHINGTON NATIONAL CHYOLOGIA CHYOLOG
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FUNERAL PROBERT E Wilhlem Funeral Home ADDRES SUITLAND Md. SEP 29 BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRES SUITLAND Md.

00	-1	954	
	after death. Page 4 may be	of the funeral director page 3 of within 72 hours after death confidence of the street	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ate be executed within 24 hours	isicion and campletely filled in bipers. Pages, and 2 shauld be filled. odi. the medical examine ratio be not the interpretation.	532
DS, 201 W. PRESTON ST., E	quires that the	signed by the Hamilton by hen please rate of the burral, crempton and rate of the burral crempton and the burral rate of the bu	
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. 19	541		CEASED NAME	FIRST	/	MIDDLE	į,	AST .	20. DATE C	F DEATH M	ONTH DAY	YE AR	26 HOUR	
nay be	lenth		ON PRIVATE I	Eliza	abeth	Raper	Wi	se		mber 26			8:05A _M	
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ge 4	10 45	Fe	male		Caucasi	.an	Oct.	16, 1901	84 YRS					
9 - P	2 har		OUNTRY)	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH				
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s after by the fu	The wift	/_	or town of DE urel		(IF NOT IN SUC	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) reater Laurel Beltsville Hospital Housewife 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (OWN)								
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red v	5/3/		rius	D.		Raper		Sarah				Spe	ence	
xecu od co	dicol /		AS DECEASED EVEL		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRES			"10	
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equires n signed	Then pled to burial injury, or	NO	PART 2 OTHER SIC	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	MINAL DISEA	SE OR COND	TION GIVEN I	N PART 110		
on. hos bee	ene prior	CERTIFICAT	19a DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	NOX	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	GS USED OF DEATH? NO	
N. T hysici	Hygi	CER	210 ACCIDENT WAS UN			FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)		
9 pl	entol-t	CAL	I IF EITHER NOTIFY MEE		1111		19						17.0	
G PHYS offendir	s the bu	MEDICAL	21d INJURY OCCUI		21e PLACE	OF INJURY REEL, FACTORY OFFICE	FARM ETC }	21f LOCATION STREET		CITY OR TOWN	N	COUNTY	STATE	
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pitol (TOS	of H		saw the decea	did did not) wew the body	ofter death.	95 ar	d that in (my (aur) apinio	in death accur-	red on the date	e and haur and	I from the o	auses stated	
the has	etoched te Dept I. If Hem		22b. SIGNATURE	Ta	minde	for nA	7	DEGREE ATTENDING PHYSICIAN	MEDICA.	L STAFF	AN \square	220. DATE S	26 - 86	
OSPITA sed by	d be det	4	22d. PHYSICIAN'S N	AME PE OF	RPRINT)	/ 11	7	22e ADDRESS					2 MD	
FO H	should b	0.7	14.4	- 0	141101	101	1)	4201 LAVA					707	
00		1	URIAL, CREMATION	, REMOVAL	236. DATE			EMETERY OR CREMATOR	CI	TATION Pa	- 0	UNIY	STATE	
BP			urial UANCISECCAS	CH, C	09-30-		Ta Ho	llywood Ceme	ATE REC'D. BY					
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-19829	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE B	6	2 6	8 -	4 0
ay be death		CEASED NAME OR PRINT)	FIRST	tN	MIDDLE B.	W	OOD	20. DATE OF	REG. NO. FDEATH MONTH		YEAR 26 H	HOUR 25
may page	3. SE	×		4 RACE		5. DATE (6. AGE INY			R 1 YEAR IF UP	NEERSTHEE
ge 4	Ma	ale		Caucas	ian	Apri	1 9, DA 1911 YEAR	75 YRS. MONTHS DAYS			DAYS HOL	HOURS MIN.
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de out	_	dge, Mary		U.S		WIDOW	DIVORCED	PHI				
ofter ofter mitted		CLINTO	N	So -	CHEACHEY, GIVES	TREET ADDRESS)	DROTHER INSTITUTION		OCCUPATION IX FOR MOST OF WORKIN OUSE WORK	NG LIFE) 12b. IND Sa	KIND OF BUS PUSTRY LEWAY	Food
n 24 hou	13a Ma	AL RESIDENCE (IF NURS STATE Aryland	136. COU	OTHER INSTITUTION	GIVE RESIDENCE B	EORE ADMISSION) OWN N	13d. INSIDE CITY LIMITS?		ADDRESS	zenue	20735	5
with.		THER'S NAME	5.7.7.4	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE		COLAST	E-1-L
De du la		ohn	Walt			ood	Anna		Lulalia		Tenmy	
be exected on ond of s. Poges	160.	VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. AR	WAR OR DATES)		1-4904A	James R. W	ood 7102		St. Fo		
R ATTENDING PHYSICIAN; The low requires that the death or hospital or ottending physician. RECTOR: After this certificate has been signed by the attending hed far use as the burial-transit permit. Then please remove carbipit, of Health and Mental Hygiene prior to burial, cremation, or set. It is marked at them 18 shows any injury, or other troumatic	MEDICAL CERTIFICATION	Conditions, if any, gove rise to immediate (a), stating underlying cause PART 2. OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNITOR CONTRIBUTING (IF EITHER NOTIFY MEDIATED) 21d INJURY OCCUR WHILE NOTIFY MEDIATED 220.1 certify that (I) saw the decease obove, (I) May (C) 220. SIGN ATUR	NIFICANT OF LOS CALEXANINE CALEXA	IPB. CONE 19b. TIME (HOUR A 1) 21b. TIME (HOUR A 1) 21b. TIME (HOUR A 1) 10 11 11 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	OR AS A CONSE	DAY YEAR 19 merana, Etc)	NWAS PERFORMED 21c HOW INJURY OCCU 21f LOCATION SIREET 19 19 10d that in (my) (our) apinion DEGREE	PH 200 AUTO YES CENTER NA	NO SX IN CE	GIVEN IN F DERC DESCRIPTING COLOR	FINDINGS L AUSES OF D NC PART 2)	STATE (I) (we) lost as stoted
TO HOSPITAL OR retained by the h. TO FUNERAL DRIP should be detected with the State Dep IMPORTANT: If the		ARTHU BURIAL, CREMATION, BURIAL	no	SHA V			PHYSICIAN 22e. ADDRESS 9/3/PC EMETERY OR CREMATORY ection Cemete:	3CATI	ORTOWN	RO	9/25 Chik	TEL TYDK POZZ STATE
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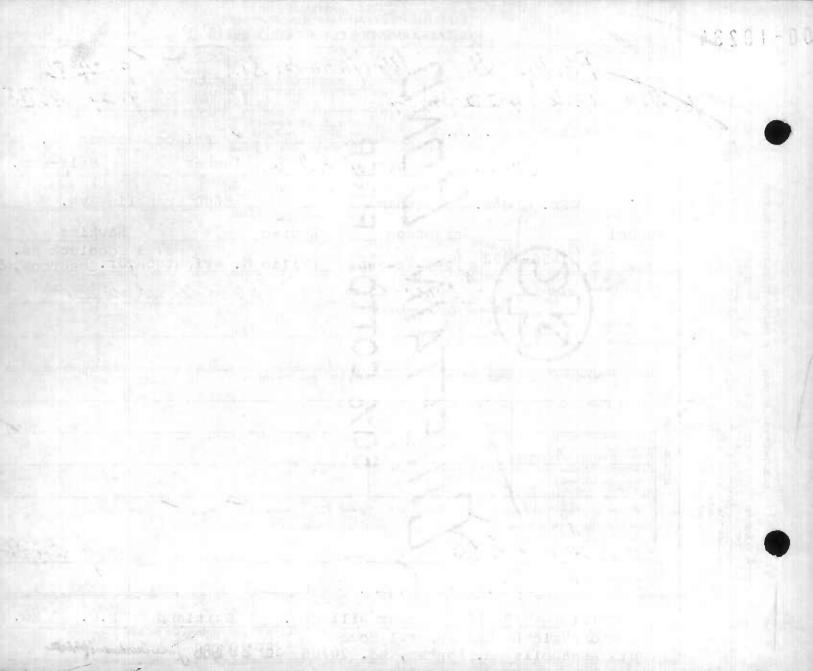
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR REG. NO. DECEASED NAME DATE KNOWN OF ESTI-6 AGE IN YEARS IF UNDER 24 HRS DATE Sept PRONOUNCED 19] 74 YRS DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY MARRIED NEVER MARRIED North Carolina USA WIDOWED DIVORCED Prince George O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF STISINESS Capitol Hts Dietician retired Norfolk Educat Pr George 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Capitol Hts 4105 Southern AVe NO [A FATHER'S NAME CWIDDLE 15 MOTHER'S MAIDEN NAME MIDDLE LAST Hicks Luther 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 386 Crabapple (IF YES, GIVE WAR OR DATES) No 227-12-6770 George W Woodruff Jr Wright Patter SOM ABBARNOHIC 18 CAUSE OF DEATH (Enter only one couse per for (p), (b), and (c).) tusque Clerkiovasialar deslase PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO A 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Accident Suicide Homicide Notural causes Undetermined monner Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct, Temple Hills, MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE 18Sept86 Washington National Suitland PG Md 07/84 bert E Wilhelm 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Funeral Home Suitland, Md. (VR A15 ME (5))

10-18732 Papel Plux Headraff 29-15 8 9-13 83 Frank Chat 40 05 double out from the street to the street were July E. Land Charles Shirt of Colored States Ougano / France 38-81-6

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n m=	1. DEC	EASED NAME FIRST DAVI	D C	Ĭ.	OODS	2a. DATE OF DEATH MONTH	13 86 3.40pm
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leoth. F		OUNTRY)	U.S. A.	MARRIED	□ NEVER MARRIED □ DIVORCED □	PRINCE GEORGE	
	1	LINION MD	1. NAME OF HOSPITAL, N	ARYLAND H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IZE KIND OF BUSINESS OR INDUSTRY
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E, MARYI	1		ED FORCES? TAN SOCIAL	1	Willie 17. INFORMANT	ADDRESS	Woods
BALTIMORE Brief Fage The medica			WAR OR DATES) 577-	66-2086	Willie C Ster	hen Swint 340	
ST.,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: KO	opival	on arre	nt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S		Conditions, if ony, which	DUE TO, OR ALL CON	Webs of	seine Co	nciusma	
that the that the ease rem		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF	current	disease.	
RDS, 20 equires n signer Then pl	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING</u>	G TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
AL RECORDS The low requition. Thos been significate prior to be sense or in permit. The sense prior to be sense or injuries.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DN OF VITA PYSICIAN: THe ding physiciote s certificate burrol-transit Mentol Hygin Mentol Hygin Herri 18 shgin them 18 shgin th		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTE P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 ORPART 2)
DIVISION OF VIT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN spriol or CTOR: Al for use of of Healt		220.1 certify that (1) (this haspite sow the deceased abve on_		1 ./	that in (my) (our) opinion	deoth occurred on the date and	haur and from the causes stated
TAL OR A by the hos by the hos by the hos min Direct		271-SIGNATURE	4m/2	- N	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	9,14,86
O HOSPITAL efound by the O HUNERAL MIT THE SIGN		Laxima Berw	a, MD		7503 Su	rratts Rd.	Clinton Md
BP		Burial Burial	236. DATE 09-19-86	Lincoln	Mem. Ce	23d LOCATION CITY OR TOWN	PG Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Ro Ro	bert 6. Mason	1661 Good ADD	Hope Rd	SE 25	723 1986 A PLANT	STANSON MANAGEMENT

		100		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 8 4 9							
0-17358	1	FOR STATE REGISTRAR		DE		ICATE OF DEATH		2007			
0-11220	1. DEC		RST	MIDDLE		AST	REG. NO.	NTH DAY YEAR 126 HOUR	-		
1 75		OR PRINT)	ANIEL	J	. 1	VOTRING		7- 4-86 12.4	5-10		
for the same	3. SE)		1 RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONINS DATE HOURS M	RS.		
a special control of		e	Caucas		Jan.	23, 1916	70	YRS			
-	Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia 10. CITY OR TOWN OF DEATH		GN 76. CITIZEN OI	U.S.A. WIDOWED DIVORCED DIVORC							
1 11 00					WIDOWI	120 USUAL OCCUPATION	126 KIND OF BUSINESS	MD.			
4- 11-86				UCH FACILITY, GIV	LY LAND	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	USU	AL RESIDENCE (IF NURSING H TATE 136	HOME OR OTHER INSTITUTIO	N. GIVE RESIDEN	BEFORE ADMISSION)		Maj. USAF	US Govt.	_		
E E ARK			P. G.	Clin		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	away Rd. 20735			
		THER'S NAME	WIDDLE		AST	15. MOTHER'S MAIDEN N		LAST			
1 5 11/60		aniel	J.	Wotri		Madge		Mundell			
PRESTON ST., BALTIMORE. Addoch certificate be executed or emerce corbon depart. Fages immarion, or removed. In this immarile events, the medical or trainmarile events, the medical		VAS DECEASED EVER IN U	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)		AL SECURITY NO.	17_INFORMANT	ADDRESS				
	Ye	S	WWII	234-0	3-2954	Eveline Wot	ring Same as	13 A-E			
		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY-		(b), and ici.)	-01. Va.	iceal Bleed	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH_		
		IM/	MEDIATE CAUSE (a)			asa voo	idea saco		MD. OR		
		Canditians, if any, wh		OR AS A SON	NSEQUENCE OF -	of on	ed bypese	usia			
		gave rise to immedi couse (a), stating	iate	OR AS A CON	NSEQUENCE OF	0	0.				
* 25 7 9 9 9 9		underlying cause 1	ast (c)_	P	Mesh	the Cim	hone				
8, 26	z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS	1	NG TO DEATH BUT		MINAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)			
891 1111-	ATION	19a. DATE OF OPERATION	N TIPL CON	DINONFOR	WHICH OPERATIO	IN WAS PERFORMED	1	Ob. IF YES, WERE FINDINGS USED	-		
3 3 3 3 3 3 3 3	CERTIFICATI	914	K	lan	·		YES NO NO	CERTIFYING CAUSES OF DEATH?			
A PART OF THE PART	CER	210. ACCIDENT WAS UNDERLY		OF INJURY	TH DAY YEAR		JRRED (ENTER NATURE OF INJURY IN	LITEM 18 PART I OR PART 2)			
Sold Till M	CAL	OR CONTRIBUTING CAUS	XAMINER)	P.M.	19						
082 14 14 19	MEDI	11d. INJURY OCCURRED	LAT HOME S	E OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	E		
DIVINION THE MAN THE STATE OFFICE A PROMET OF THE STATE OF THE MAN THE STATE OF THE MAN THE MA		WORK NOT WHILE			I from 91	10 86	8/11	10 65 that (1) (we)			
		22a I certify that (I) (the	s hospital) attended			. 17		and hour and from the causes stated			
		22b. SIGNATURE	did per yew the boo	dy after death	/	DEGREE	-/	22c DATE SIGNED	_		
		V	2()	/		ATTENDING PHYSICIAN	MEDICAL STAFF	10			
		276 BHYSTONAN PIAME	The second			22e ADDRESS		20735	1		
O HOS Heined O FUN WPORT		> >	Color			1501.	YRRHTTS 1	RD CHINTON	MD		
22		SURIAL, CREMATION, REA		-H		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE	E		
BP	Cre	emation	09/05	5/86	Lees C	rematory 1250 D	Clinton Pr	rince George's Mo	1		
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR Lec					SED O TOO	India Davidson-Rondal	No.		
(*** 15, 4) 66	13	Old Alexande	r Ferry Ro	d Clir	nton. Md	20/35	COLUMN TO THE REAL PROPERTY.	CONCID EVEN SECTION A			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN DONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNT Y OF DEATH FOREIGN COUNTRY)
South Carolina NEVER MARRIED U.S.A. WIDOWED DIVORCED Prince Georges IN CITY OR TOWN OF DEATH I AME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK Plumber Lanham USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE (FORE ADMISSION) 13c. CITY OR TOWN 13b COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. YES Y NO 9600 Franklin Ave Lanham 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST EIRST MIDDLE FIRST MIDDIS Wrightson Hawkins Louise Samuel 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Goodluck Rd. (YES, NO, OR UNKNOWN) Wrightson, Jr. Seabrook Mc 251-44-0005 CAUSE OF DEATH (Enter only one couse per) e for(a) (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY PAGE 4 SHOULD DE TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. RALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted from Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodviguez, M.D. ADDRESSOO9 Rayburn 23d BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. Suitland Cedar Hill Cem. P.G. Burial 07/B4 BP 25M 14 FUNERAL DIRECTOR / Hale Lanham Funeral Home 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 9013 Annapolis Rd. Lanham, Md. 20706



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